executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be retained by the haspital or attending physician,

1 -	-	FOR STATE REGISTRA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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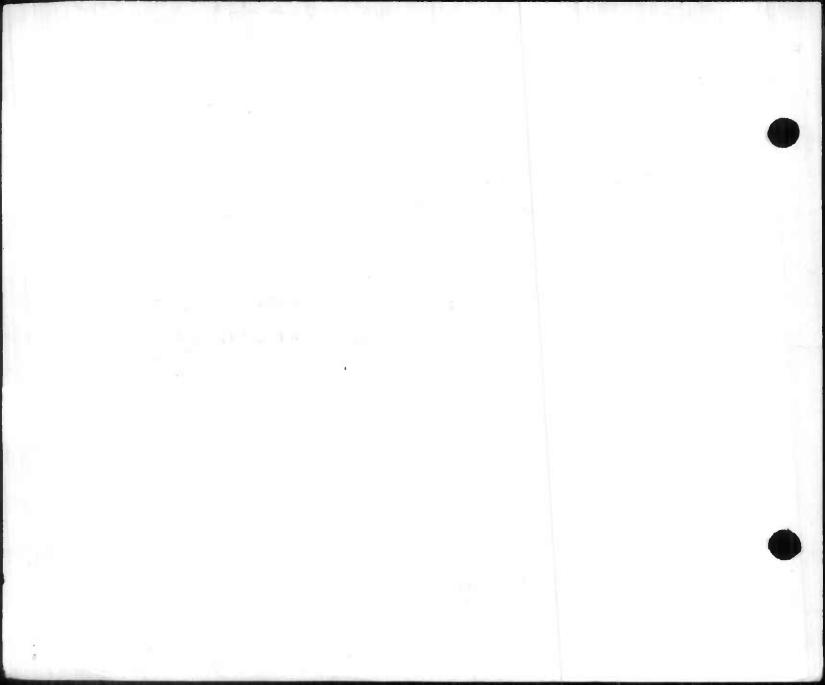
- 1		EGISTRAR		CERTIFICATE OF DEATH REG. NO.										
h	DECE.	ASED NAME	FIRST		MIDDLE		L	AST		20 DATE O		NIH DA	Y YEAR	26 HOUR 9:45A.
L	(TIPE OR	PRINT	WILBUR	THO	ORTON		,	ADAMS			BER 12,		4	9:43A
	3. SEX		1	RACE			S. DATE C		YEAD		EARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS
	Ma	ale		Whit			May	12, 1	907	77		YRS.		
1	7a. BIRTI	HPLACE (STATE	OR FOREIGN 7	L CITIZEN OF		NTRY?	MARRIEI	NEVER MA	RRIED 🗆		RE CITY OR C	OUNTY	OF DEATH	
12		Penna		U.S		\	WIDOWE	D DIVO	ORCED		egany			Λ
5/	10. CITY	OR TOWN OF E	DEATH		HOSPITAL, N			R OTHER INSTIT	UTION		OCCUPATION IX FOR MOST OF WO	ORKING LIFE)		F BUSINESS C
		BERLAND						EDICAL (CENTER	Opera	ting Er	g.	Const	ruction
86	USUAL 13a STA		13b COUN	ΓY	13c CITY OF	RTOWN		13d. INSIDE CIT		13e.STREET	ADDRESS / ZI	P CODE	0/	1502
4	A FATI	Md . IER'S NAME	All	egany	Cumb	erla	na	YES 15 MOTHER'S A	10 X		#8 Box	400	varrey	Ka.
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U		oseph S DECEASED EV	Frank		Adam		71/1/0	17 INFORMAN		.1	ADDRESS			nette
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/	7	<i>y</i> es	WW11		1220-1	.0-01	OT	Mrs. Et	nei b	. Auaiii	s Cumbe	rlan		MARIE INSTRUMENT
	18	PART I. DEATH	ATH (Enter only	y one couse per	line for to 1,	(b), and (cui.	RESPI.	DATE	PV	ARRE		BETWEEN	MATE INTERVAL DNSET AND DEAT
- 1			IMMEDIATE	CAUSE (a)		2 D1		VC C S 1 /	CITIU	/- /	TIKKE.	3/	-	
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	113	ouse (o), sto		DUE TO, O	R AS A CON	ISEOUEN	CE OF			L	- UNC			
				(c)									1	
		ART 2 OTHER S	IGNIFICANT C	ONDITIONS <u>Co</u>	ONTRIBUTIN	IG TO DE	ATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR CONDIT	ION GIVE	V IN PART 16	7
	CERTIFICATION	a DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					MED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED				
9	FIC			196 CONDITION FOR WHICH OPERATION WAS PE				IN CERTIFYING CAUSES OF DEAT						
1	2	a. ACCIDENT WAS	UNDERLYING		21b. TIME OF INJURY			21c HOW INJU	JRY OCCURR	124	- []			110
4	-	OR CONTRIBUTING		H	M. MONT	H DAY								
71	\simeq	INJURY OCC			M. OF INJURY		19	211 LOCATION	1					
	WE	WHILE NOT	WHILE		REET FACTORY	OFFICE FAR	M ETC }	STREET			CITY OR IOWN		COUNTY	STATE
			WORK											
	21	a I certify that			e deceased			and that in (my) (our) opinion death occurred on the date and hour and from the course stated						
		above, (I) (we	eased plive on " e) (did) (did not	view the body	alter death.	_19			opinion c	leath occurr	ed on the dote	ond hour		
	2	b SIGNATURE						DEGREE	7510000		CTAFF		22c. DATE	SIGNED
- 0					0			MD AP	TENDING TYSICIAN	MEDICAL DIRECTOR	D PHYSICIAN	1 🗆	//	18/11
/	2	d PHYSICIAN'S	NAME (TYLES	briegi.	Lyn	ve	>	22 MADDRESS	ial Ho	spital	Medic	al B	uildin	g
		r. Qama	r_Zamar		A			Cumber	land,	Mary1	and	215		
-		RIAL, CREMATIO	N, REMOVAL	23b. DATE	V			EMETERY OR CR	EMATORY	23d LOC	ATION		OUNTY	
	{ 5PE	Bürial		Nov 12	,1984	Sur	nset	Memoria	I PARK	Cumb	erland	A	Tlegar	y Md."

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

NAME

Silcox-Merritt Funeral Ser. Cumberland, Md.

HADATE BEC'S BURBOUN RAP 214 REGISTRAR'S SICHATURE



	B	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director. Nate:	should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Land 2 should be filed within 72 hours off the many		
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)	retained by the haspital or attending physician.	0	Sho	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	
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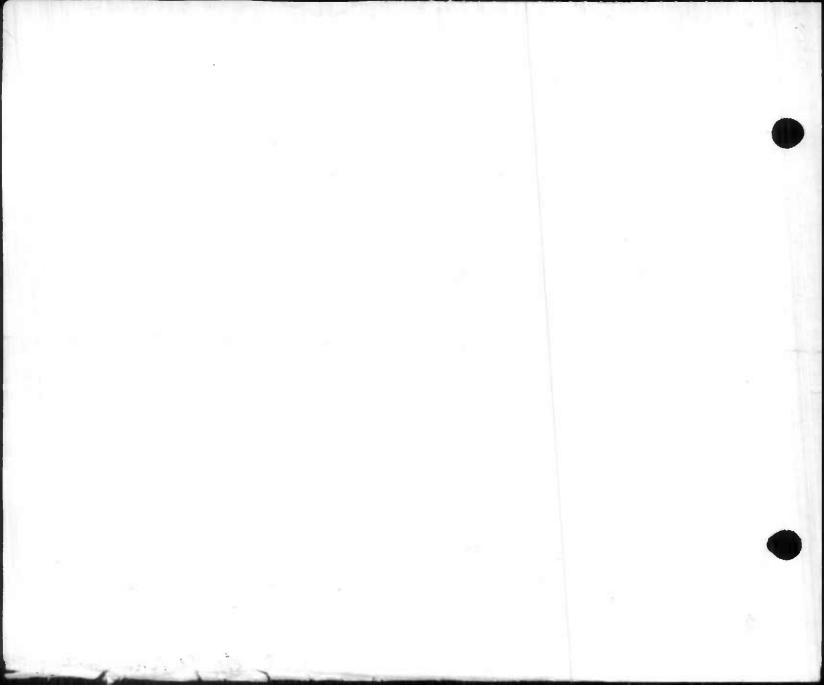
STATE OF MARYLAND	54
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

l	1 - STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	·	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIQQIE	17	AST	20. DATE OF DEATH	AONTH DAY YEA	3:05
	AUDRI	EY MAE	ARN	OLD	November 2		PM
	sex female	White	5. DATE O	F BIRTH -04-1940 YEAR	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS AYS HOURS MIN.
ĺ	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN USA	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY OR Allega	COUNTY OF DEAT	H MD
l	10 CITY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Memorial Hosp	ital & M		OUSUAL OCCUPATION OF THE PROPERTY OF THE PROPE		ID OF BUSINESS OR
1		egany Cumb	town erland	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 903 Mary	Zip cope Iand Ave/2	21502
I	14 FATHER'S NAME FIRST Ralph Edw	ard Munday	ı	15 MOTHER'S MAIDEN NAM FIRST Ruth	D. Moss		1 AST
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR GATES)	SECURITY NO. 0-2695	Paul E. AI	nold, Cumbe	rland, MD	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly one couse per line for (a), (b ED BY: TE CAUSE (a)	RDIO.	- PULMON	INRY A	RREST	PROXIMATE INTERVAL ZEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	7751	ATIC B	REAST	CA	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN IN PAR	t Ira
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR W	HICH OPERATION	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WERE FII IN CERTIFYING CAU YES []	
	OR CONTRACTOR CONTRACTOR OF OR	AIH	H DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OF PAR	(2)
	OR CONTRIBUTING CAUSE OF DE LIFE ETTHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK	21e. PLACE OF INJURY	DEFICE FARM ETC.)	211 LOCATION STREET	TITY OR TOW	IN COUNT	Y STATE
ı	22a I certify that (1) (this hosp	ital) attended the deceased fi	ram	19	ta		, that (I) (we) last
ı	saw the deceased alive or abave, (1) (we) (did) (did)	at) view the bady after death.	. 19 an	d that in (my) (our) apinian o	death accurred an the da	re and havi and fram	the causes stated
l	27b. SIGNATURE	tur		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	- 11	TATE SIGNED
1	22d. PHYSICIAN'S NAME (1996) Dr. Q. Zaman	PRINT)		Med.Bldg.,Men	morial Hosp.	& Med. Cer	nter, Inc.
1	230. BURIAL, CREMATION, REMOVAI	L 236 DATE	23c NAME OF C	600 Memorial	Ave Cumber	Land, MD	21502
	(SPECIFY) Burial	11-27-84		wn Memorial Pa	ark Cumberla	nd Allegar	ny MD
ľ	04 CULTOU DIOCCTOR			Tat: DAT	F DECID DU DECICEDAD	C. DEC. (CTD.) DIS 510	

DHMH - 16 50M 4/B3 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

13 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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		TO HOSPITAL OR ATTENDING PHYSICIAN. The
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	1.05	CEACED NIAME	RST	MIDDLE	14	CATE OF DEATH	REG. NO		YEAR	2h HOUR
		CEASED NAME FI	RST	MIDDLE		31	20. DATE OF DEATH	MONTH DAT	*E AR	ZB HOUR
	3. SEX	RUSS	SELL S	TANLEY	ASI Is DATE OF	HENFELTER SR.	NOVEMBER		INDER I YEAR	11.20 M
		Male	Wh	ite		29, 1927	56	YRS MON	THS DAYS	HOURS MIN.
3	70 BI	RTHPLACE (STATE OR FORE) St Virginia	IGN 76 CITIZEN O	A COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	P BALTIMORE CITY OF		DEATH	MD
	1/	TY OR TOWN OF DEATH Cumberland	LIPTIOT IN S	11. NAME OF HOSPITAL, NURSING HOME (NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSP!			120 USUAL OCCUPATION THE TENTO THE T	NC	INDUSTRY	· Navy
13	13a S	STATE 13b	RSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE 136 COUNTY 13c. CITY OR TOW Valle jo		RE ADMISSION) WN 13d INSIDE CITY LIMITS?		13e STREET ADDRESS / 162 Lakew	ZIP CODE	he go	9999
44	4	THER'S NAME FIRST Ernest H. As	shenfelter	(AST		15. MOTHER'S MAIDEN NA	me thel Brant		LA	ST
2 Col	(U.S. ARMED FORCES FYES, GIVE WAR OR DATES)			Mrs. Eva M	Ashenfelt			ife Calif
aumatic eve		IM/		OR AS A CONSEQUE	yocardial Infartion. STOUENCE OF ROMANY astery Disease.					
are they injury, or other tr	TIFICATION		cant conditions	CONTRIBUTING TO E	MALLY BUTH	CABG	Surgery	20b. IF YES, W	ERE FINDI	Clinoris NGS USED
Item 18 show tooy injury, or other tr	ICAL CERTIFICATION	COUSE (0), stoting underlying couse I PART 2 OTHER SIGNIFIE 19a DATE OF OPELATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE	iote the DUE TO. lost (c) CANT CONDITIONS N 196 CON VING	CONTRIBUTING TO E ADITION FOR WHICH OF INJURY A.M. MONTH DA P.M.	DEATH BUT OPERATION	N WAS PERFORMED 21. HOW INJURY OCCURI	YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	Clincus NGS USED S OF DEATH?
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SELECTION OF THE PROPERTY OF THE PERSON OF T

	1. DE	CEASED NAME	FIRST	ort. N	ODLE	ı	ICATE OF DEATH	2a. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
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1 0	3 SE		4 RA			5. DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY) IF UI		UNDER 24 HRS OURS MIN.
12 m	7a B	RTHPLACE (STATE OR FO	DREIGN 7b. C		S. A	8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	OR COUNTY OF	DEATH	MD.
Fo	And the	ity or town of deat umberland		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Laborer	ION I	76 KIND OF BI	
W.	USU 13a.	AL RESIDENCE (IF NURSIN	ISB. CALLY	gany	IJC. CITY OR TOW		134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 9 Jacks	ZIP CODE	Lonaco	-
13/1		James	MIDDLI	Beeman			15 MOTHER'S MAIDEN NA FIRST Elsie	AIDDLE	Ise	r LAST	137
medicol		WAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WAR		218-01-		Mr. John B	ADDR	aconing	Md . APPROXIMAT BETWEEN ONSI	
>		PART I. DEATH WA			MALIG	NAN	T CACH	CXIA			
hen please remove corbon to buriol, cremotion, or ren ijury, or other troumotic ev	NO	Conditions, if ony, gave rise to imm couse (a), stating underlying couse	which ediate g the last.	DUE TO, OR (b) DUE TO, OR (c) DITIONS CON	AS A CONSEQUE AS A CONSEQUE CARCII NTRIBUTING TO E	ENCE OF FOMA DEATH BUT	TIC-CARCIAL LARYNX NOT RELATED TO THE TERM	NOMA (ADVANCE		IN PART Ita	
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Mental Hygiene prior to burial, cremation, or ren	DICAL CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING C C	which ediate as the last. IFICANT CONE IFI	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 19b CONDIT	AS A CONSEQUE META AS A CONSEQUE CARCII NTRIBUTING TO E MALNI ION FOR WHICH INJURY MONTH DA	ENCE OF NOMA DEATH BUT OPERATIO	TIC-CARCIA LARYNX NOT RELATED TO THE TERM	ADVANCE AINAL DISEASE OR CON 200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN YES URY IN ITEM 18 PART I	ERE FINDINGS G CAUSES OF N ORPART 2)	DEATH?
ows	MEDICAL CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN DEH YO 19a DATE OF OPERAT 71a, ACCIDENT WAS UNDO OR CONTRIBUTING C.	which ediate of the last. IFICANT CONE IPICANT CONE IPIC	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 71b. TIME OF HOUR A.M. 71e. PLACE O	AS A CONSEQUE META AS A CONSEQUE CARCII NTRIBUTING TO E MALNI ION FOR WHICH INJURY MONTH DA	ENCE OF S TA ENCE OF NO MA DEATH BUT 1 TRI OPERATIO	TIC-CARCIA LARYNX NOT RELATED TO THE TERM TON. N WAS PERFORMED 216 HOW INJURY OCCUR	ADVANCE AINAL DISEASE OR CON 200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN YES URY IN ITEM 18 PART I	ERE FINDINGS G CAUSES OF	DEATH?
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AL DIRECTOR. After this certificate has letached for use as the buriol-transit per ste Dept. of Health and Mental Hygiene T. If Hem 21 is marked or Item 18 shows		Conditions, if ony, gave rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN 19a DATE OF OPERAT 71a, ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 71d, IN JURY OCCURRI WHITE NOTIFY MEDIC 77a, I certify that (I) (sow the decease, above (I) (we) (d) 77b, 11 certify that	which ediate of the last. Which ediate of the last. IFICANT CONE RETYRNG AUSE OF DEATH ALEXAMINER) ED (this proxpital) of the last. (this proxpital) of the last.	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 119b CONDIT 71b. TIME OF HOUR A.M P.M 71c. PLACE O (AT HOME, STREI attended the	AS A CONSEQUE AS A CONSEQUE CARCII AS A CONSEQUE MALAU INJURY MONTH DA INJURY EI, FACTORY, OFFICE, F deceased from 19	ENCE OF S 7A ENCE OF NO MA DEATH BUT A 7RI OPERATIO	NOT RELATED TO THE TERM TON. N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET , 19 and that in (my) (our) opinion DEGREE M. ATTENDING PHYSICIAN	ADVANCE AINAL DISEASE OR CON 700 AUTOPSY? YES NO CITY OR TO	206. IF YES, WIN CERTIFYIN' YES	ERE FINDINGS G CAUSES OF OR PART ?)	STATE STATE of (II (we) lost uses stoted
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STATE OF MARYLAND

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Marky	rail - Land James Clares	ent game.		Lereini after	

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNENCE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURNITY PERMIT, PAGES 1, AND 2 SHOULD BE FILED, WITH AFTER-DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALRECORDS, 201 W. PRES BALLIMORE, MARYLAND, 21201 PRIOR TO BURNAL, OR REMOVAL.

BP.

DHMH - 17 (VR A15 ME (5)) 15M 2/80

	1-:	FOR STATE REGISTRAR			ST DEPARTMENT OF	F HEALT		TAL HYG	- 9	2 REG.	8 3 NO.	1	1	
		CEASED NAME OR PRINT)		eph E. Be	eman		LAST		OI	TE KNOWN F ESTI- TH MATED		DAY 12	YEAR 19 84	1:30 A M
	3. SEX	ile	4. RACE White	5. DATE OF BIRTH	year 6. AGE (IN LAST BIRTH			UNDER 24 I	PRONC	ATE DUNCED EAD	11-	12	YEAR 19 84	1:30 A M
6	FOI	RTHPLACE (S REIGN COUNTRY)	TATE OR	75. CITIZEN OF WH			RIED X NEVEI		9 BAL	Allega	Y OR COUN		EATH	MD.
9	ID CITY OR TOWN OF DEATH Cumberland			(IF NOT IN SUCH FAC	PITAL, NURSING HOLE LILITY, GIVE STREET ADDRESS L HOSPITAL	5)	HER INSTITUTIO		FOR MOST OF	CUPATION WORKING LIFE)		OR	industr rket	INESS
2	130 51		(IF IN NURSING HOME OF ALLECTION	TY	e residence before admis 13t. CITY OR TOWN Cumberla		136. INSIDE CITY	LIMITS? 13e	STREET AD	oress ndepend	dence	Stre	et/21	1502
1	14. FA	Samue	l Beeman	MIDDLE	LAST		15. MOTHER'		Horto	MIDDLE			AST	
/		VAS DECEASE ES, NO, OR UNKNO YES	DEVER IN U.S. AR/ DWN) (IF YES, GIVE WW]	WAR OR DATES)	215-20-5		Franc	es Be	eman,	Cumbei		MD	- wif	e e
	NOI	gave ricause (a lying car	IGNIFICANT CONDITIONS	(b) DUE TO, OR A	AS A CONSEQUENC AS A CONSEQUENC UT HOT RELATED TO THE TE	E OF			0					
クク	L CERTIFICATION	21a. EXTERN.	AL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YE	21c. F	HOW INJURY O		NTER NATURE C	DE INJURY IN ITEM	A 18 PART 1 OR P.	Y	ES	№ Х
	MEDICAL	21d. INJURY	G OR ING CAUSE OF (OCCURRED NOT WHILE AT WORK	21e PLACE C	19 PF INJURY (AT HOME, ORY, FARM, ETC.)	211. LC	OCATION STREET		CITY O	RTOWN	cc	YTAUC		STATE
		22a I cert death result ACTUAL ISIGNATURE	ted from Natur	e af the remains desc al causes X.	Accident	Auto Suicide	psy , I Hamicide TITLE (SPE		Inquindetermined	d manner	and in my o , DATE SIGN	ipinian	112/	184
4	230.80	EXAMINER'S (TYPE OR PRI URIAL, CREMA PECHY) UTIAL	NAME GIOV	3b. DATE	rangelo, M	EMETERY		1 2	d. LOCATIO	N ₂	COL	, MD	STA	TE
	24 FU	UNERAL DIREC		11-14-84 li, Cumbe	rland, MD		ial Garde	DATE RES		land A			MD ,	



4		CEASED NAME FIRST	VING, MD.	LAST		REG. NO 2a DATE OF DEATH		2b HOUR
	(TYPE	OSCAR OSCAR	GALLAWAY	BEEMAN		NOVEMBER 2		21:20R
1	3. SE)	Male	White	May 16,0	190 0	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 Y MONTHS DA	
35	r≱n. Bli	RTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NE	VER MARRIED DIVORCED	9. BALTIMORE CITY O		MD
52		TY OR TOWN OF DEATH mberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEA	T ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF COAL Mir	F WORKING LIFE) INDUST	D OF BUSINESS OR Coal
35	13a S	TATE 136 COL Md Alle	or other institution, give residence before the property of the gany Lonaco	ning YESK	-		ZIP CODE Main St	2153
O kaomin	No	THER'S NAME ah	Beeman Beeman	Ma		MIDDLE	Mose	LAST S
medical	16a V	VAS DECEASED EVER IN U.S. A				col, Lonac	coning, Md	.21539
burial, cremation, ar ry, or ather traumotic	ION	Conditions, if any, which gove rise to immediate couse lot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT A LEGISTRA	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT REL	mm of t		DITION GIVEN IN PAR	
y inju			196 CONDITION FOR WHIC	H OPERATION WAS P	CKPOKMED	YES NOTOFST	IN CERTIFYING CAU	SES OF DEATH?
olui kuo swoys	ERTIFICAT		215 TIME OF INTERV	1216 HO	W IN HIPV OCCUR	DED CAMER MATTERS OF MAIN	OV IN STEAL SO GART S CARRADS	
ked or Item 18 shows ony inju	MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 210 IN JUNE NOT WHILE NOT WHILE NOT WHILE NOT WHILE IN THE INTERPRETATION OF THE INTERPR		DAY YEAR 19 21f LOG		RED (ENTER NATURE OF INJU		STATE
Hem 1		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURED	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pitol) attended the deceased from (AT HOME, STREET, FACTORY) (AT HOM	PARM, EIC) 21f LOC FARM, EIC) 21f LOC PARM,	ATTENDING PHYSICIAN DRESS	CITY OR TO	wn COUNTY 29, 19 ate and hour and from 22t, D	that (11 (1) (e)) the couses stated ATE SIGNED

THE PERSON NAMED IN TENT TOTAL PROPERTY OF THE PRO refree . I see x x and commercial Color of the state TERRITORIES ST., LONGOTORIO C. 11 STERRITORIO Compare Turners, orange of the party of the

I. DE	CEASED NAME CRANTSVII	LE, MD 2	1000	LAST	2a. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
(TYPE	VERI VERI	VA NM	II B	EITZEL	NOVEMBER 3	, 1984	5:35F
3. SE	X	4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 H
,	Female	White		g. 16. 1904	80	YRS	DATS THOUSE M
7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY O		TH
P	Pennsylvania	USA	WIDO	OWED DIVORCED	ALLEGANY		
1	umberland		TAL, NURSING HOM	TAL	128 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOMEMAK	F WORKING LIFE) INDU	ND OF BUSINESS STRY Dwn Home
	AL RESIDENCE HE NURSING HOME		SIDENCE BEFORE ADMISSIO	(136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21536
M	7 1		antsville		US Rt. 40.		(P.O.Box
14. F.A	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST
	Noah		aust	Anna			der
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	OCIAL SECURITY NO		P.O. AD 80		
	No ·	22	0-20-6420	Raymond Beitz	zel, Grantsv		21536 PPROXIMATE INTERVAL WEEN ONSET AND DEA
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	F	ANALDISEASE OF CONT	oler DITION GIVEN IN PA	RI la
ATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF		MINAL DISEASE OR CONI	20b. IF YES, WERE F	INDINGS USED
TIFICATION	gove rise to immediate cause (O), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	BUT NOT RELATED TO THE TERM			INDINGS USED
CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(b) DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENCE OF BUTING TO DEATH B	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A (c) CONDITIONS CONTRI 19b. CONDITION 21b. TIME OF INJU- HOUR A.M. A	BUTING TO DEATH B FOR WHICH OPERA JRY MONTH DAY YE	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	(b) DUE TO, OR AS A (c) CONDITIONS CONTRIBUTIONS CONTRIBUTION 21b. TIME OF INJUINATH HOUR A.M. A P.M. 21e PLACE OF INJ.	BUTING TO DEATH B FOR WHICH OPERA JRY WONTH DAY YE	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES T RY IN ITEM 18 PART 1 OR PA	INDINGS USED USES OF DEATH? NO []
	gove rise to immediate couse lot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTHEY MEDICAL EXAMINE 21d, INJURY OCCURRED WHITE NOT WHITE AL WORK 220 I certify that (I) (this hosp	DUE TO, OR AS A (c) CONDITIONS CONTRI 198. CONDITION 218. TIME OF INJU- HOUR A.M. A P) P.M. 21e PLACE OF IN. (AI HOME STREET FACE)	FOR WHICH OPERATION DAY YE. JURY CONSTRUCT OFFICE, FARM, ETC. CORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21I LOCATION 51REET	200 AUTOPSY? YES NO CONTRACTOR OF INJUST CITY OR TO	20b IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUN	INDINGS USED USES OF DEATH? NO
	gove rise to immediate couse lot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEF LITTER AT WORK 21d. INJURY OCCURRED WHITE ALWORK 270 I certify that (II) (this hosp sow the deceosed alive at obove, (II) (we) (did Jidger)	DUE TO, OR AS A (c) CONDITIONS CONTRI 19b. CONDITION 21b. TIME OF INJU- HOUR A.M. A P.M. 21e. PLACE OF IN- (AT HOME STREET, FACE)	FOR WHICH OPERA JRY WONTH DAY YEA JURY CTORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TERM THON WAS PERFORMED 21c. HOW INJURY OCCUR 19 21I. LOCATION 51REET 19 ond that in (my) (our) apinion	200 AUTOPSY? YES NO CONTRACTOR OF INJUST CITY OR TO	20b IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUN	INDINGS USED USES OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEF CONTRIBUTING CAUSE OF DE CHIEF CONTRIBUTION CONTRIBUTION CONTRIBUTION COURRED WHITE ALWORK 270. I certify that (I) (this hosp sow the deceased alive a obove, (I) (we) (did) (dignin 27b. SIGNATURE	DUE TO, OR AS A (c) CONDITIONS CONTRI 19b. CONDITION 21b. TIME OF INJU- HOUR A.M. A P.M. 21e PLACE OF INJ (AI HOME STREET, FACE (c) (d) ottended the dece	FOR WHICH OPERA JRY WONTH DAY YEA JURY CTORY, OFFICE, FARM, ETC.	TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION STREET 19 ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONTRACTOR OF INJUST CITY OR TO	20b. IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUN 19 21c and hour and Iron	INDINGS USED USES OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALWORK ALWORK 270 I certify that (I) (this hosp sow the deceased alive all obove, (I) (we) (did) (dig not 27b. SIGNATURE) 27d. PHYSICHAM S NAME (TYPE)	DUE TO, OR AS A (c) CONDITIONS CONTRI 19b. CONDITION 21b. TIME OF INJU- HOUR A.M. A P.M. 21e PLACE OF INJ (AI HOME STREET, FACE (c) (d) ottended the dece	FOR WHICH OPERA JRY WONTH DAY YEA JURY CTORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION 51REET 19 ond that in (my) (our) apinion DEGREE DEGREE	YES NO CITY OR TO DECIDE A CONTROL OF INJURE O	20b. IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUN 19 21c and hour and Iron	INDINGS USED USES OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEF CONTRIBUTING CAUSE OF DE CHIEF CONTRIBUTION CONTRIBUTION CONTRIBUTION COURRED WHITE ALWORK 270. I certify that (I) (this hosp sow the deceased alive a obove, (I) (we) (did) (dignin 27b. SIGNATURE	DUE TO, OR AS A (c) CONDITIONS CONTRI 19b. CONDITION 21b. TIME OF INJU- HOUR A.M. A P.M. 21e PLACE OF INJ (AI HOME STREET, FACE (c) (d) ottended the dece	FOR WHICH OPERAL JRY MONTH DAY YE. JURY CTORY, OFFICE, FARM, ETC. death.	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21I LOCATION STREET 19 ond that in (my) (aur) apinian DEGREE PHYSICIAN 1 22e ADDRESS 925 BISHOP	YES NO CITY OR TO DEED CAL STAL DIRECTOR PHYSIC	20b IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUN 19 21c order and hour and Iron FF 21c order 22c ord	INDINGS USED USES OF DEATH? NO
WEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALWORK ALWORK 270 I certify that (I) (this hosp sow the deceased alive all obove, (I) (we) (did) (dig not 27b. SIGNATURE) 27d. PHYSICHAM S NAME (TYPE)	DUE TO, OR AS A (c) CONDITIONS CONTRI 198. CONDITION 218. TIME OF INJU- HOUR A.M. A P.M. 218 PLACE OF IN. (AT HOME STREET FACE) (at HOME STREET FACE) (b) V (c) he body ofter (c)	FOR WHICH OPERA JRY MONTH DAY YEA JURY CTORY, OFFICE, FARM, ETC. death. 123c NAME O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR AR 19 21I. LOCATION 51REET 19 ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the do DIRECTOR PHYSIC	20b IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUN 19 21c order and hour and Iron FF 21c order 22c ord	INDINGS USED USES OF DEATH? NO

SIN ESTATIONES

STATE OF MARYLAND

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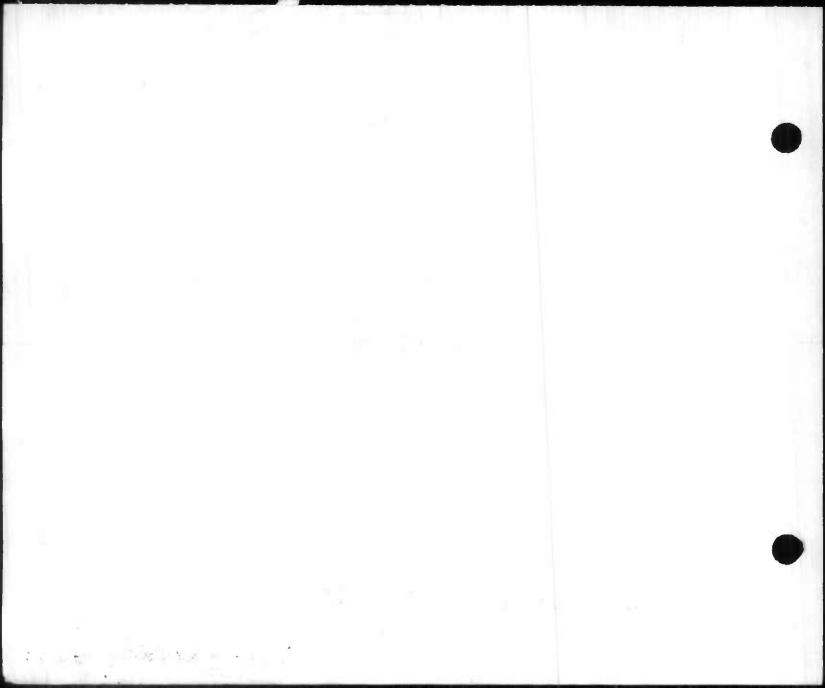
1 -	REGISTRAR						REG. NO				
	CEASED NAME	FIRST	A	MIOOLE	LA	ST	20. DATE OF DEATH	HINOM	QAY YE	AR 2b	HOUR O
(TYPE	OR PRINT)	PEARL	Ĭ,	IAY	BIBLE	3	November	14,	1984		р.
3. SEX			4 RACE		5. DATE OF	FBIRTH	6 AGE (IN YEARS LAST BIR	THD AY)	MONTHS (UNOER 24 H
E	Female		white		July	7 30°, 19°0°3	81	YRS		DATS H	OURS M
7a BIF	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY O			Н	
ME	D STATE	_	USA		WIDOWED		Allegany				
10 CI	ITY OR TOWN OF	DEATH			IG HOME OF	R OTHER INSTITUTION	12a USUAL OCCUPATI				USINESS
Cı	umberland			HEACHITY, GIVE STREET			housewife	F WORKING		in ho	nme
USUA	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)						31110
13a S	MD	All	egany	LaVale	N	YES NO D	13e STREET ADDRESS / 549 Nati	onal	DD€ Highw	ay/2	21502
14 FA	ATHER'S NAME	_	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE			LAST	
	James .	W. May			1		Guesman				
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE				
()	no or order nown;	(IF TES, GIV	E WAR OR DATES)	219-46-	2036	wonard O. Bible	, Russell M. B	Bible	- sons		
	Conditions, if a	iny, which	DUE TO, OI	R AS A CONSEQUE		MI					
ICATION	gove rise to couse (a), sta underlying co	iny, which immediate oring the use lost	DUE TO, OF	Probob R AS A CONSEQUE CA DINTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF	GIVEN IN PAI YES, WERE F	INDING:	
THEATION	gove rise to couse (o), ste underlying co PART 2 OTHER S	iny, which immediate ating the use last IGNIFICANT (DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUE CAL DITION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM		20b. IF	YES, WERE F	IND ING:	
CAL CERTIFICATION	gove rise to couse to), strunderlying co	iny, which immediate at the state of the sta	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC 196 CONDI 176 HOUR A.	R AS A CONSEQUE R AS A CONSEQUE DOTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA	DEATH BUT P	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	YES, WERE F RTIFYING CA YES	INDINGS USES OF	DEATH?
MEDICAL CERTIFICATION	gove rise to couse to, which is to couse to, and an arrange of the second of the secon	iny, which immediate of the use lost IGNIFICANT (RATION UNDERLYING CAUSE OF DEALER OF DEALER OF THE USE OF THE U	DUE TO, OI b) DUE TO, OI (c) CONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH D M.	DEATH BUT POPERATION AY YEAR 19	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	YES, WERE F RTIFYING CA YES	INDING! USES OF I	DEATH?
EDICAL	gove rise to couse tot, in the	INY, which immediate of the use lost use lost IGNIFICANT (RATION UNDERLYING CAUSE OF DEALERIC AL EXAMINER URRED I WANTE COUNTY (1) (this hospinessed alive on the control of the contro	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 216. PLACE ((AT HOME STR	R AS A CONSEQUE R AS A CONSEQUE THE CONSEQ	OPERATION AY YEAR 19 ARM ETC.	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	206. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART LORPAI	INDINGS USES OF I	STATE
EDICAL	gove rise to couse tot, in the	INY, which immediate of the use lost use lost IGNIFICANT (RATION UNDERLYING CAUSE OF DEALERIC AL EXAMINER URRED I WANTE COUNTY (1) (this hospinessed alive on the control of the contro	DUE TO, OI (c) DUE TO, OI (c) 196 CONDITIONS CC 197 CONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE THE CONSEQ	OPERATION AY YEAR 19 ARM ETCT	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f LOCATION STREET 19 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART LORPAL COUN	INDINGS USES OF I	STATE It (I) (we) uses stated
EDICAL	gove rise to couse (10), when the couse (10) and th	INY, which immediate the state of the state	DUE TO, OI (c) DUE TO, OI (c) CONDITIONS CO 196 CONDITIONS CO HOUR A 19 PLACE (AT HOME STR tol) ottended the condition of the cond	R AS A CONSEQUE R AS A CONSEQUE THE CONSEQ	OPERATION AY YEAR 19 ARM ETCT	21c. HOW INJURY OCCUR 21f. LOCATION 31REE 4 TIENDING PHYSICIAN [22c. ADDRESS Memorial	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO death accurred on the do	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART LORPAL COUN 19 19 19 126. I	INDINGS USES OF	STATE STATE STATE STATE STATE STATE STATE STATE STATE
WEDICAL MEDICAL	gove rise to couse (10), while according of the sounderlying of th	INY, which immediate at the control of the use lost and the control of th	DUE TO, OI (c) DUE TO, OI (c) 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO	R AS A CONSEQUE CA D DITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE, F ce deceased from Ofter death. 19	OPERATION AY YEAR 19 ARM ETC.	21c. HOW INJURY OCCUR 21f. LOCATION 31REE 4 TIENDING PHYSICIAN [22c. ADDRESS Memorial	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAI DIRECTOR PHYSIC	20b. IF IN CER	YES, WERE F RTIFYING CA YES 18 PART LORPAL 19 19 10 11 Buil 1 Buil	than the cou	STATE STATE STATE STATE STATE STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should be filled within 72 hours oft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

James F. Scarpelli, Cumberland, MD 21502



07/B4 25M

> DHMH - 17 (VR A15 ME (5))

FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN

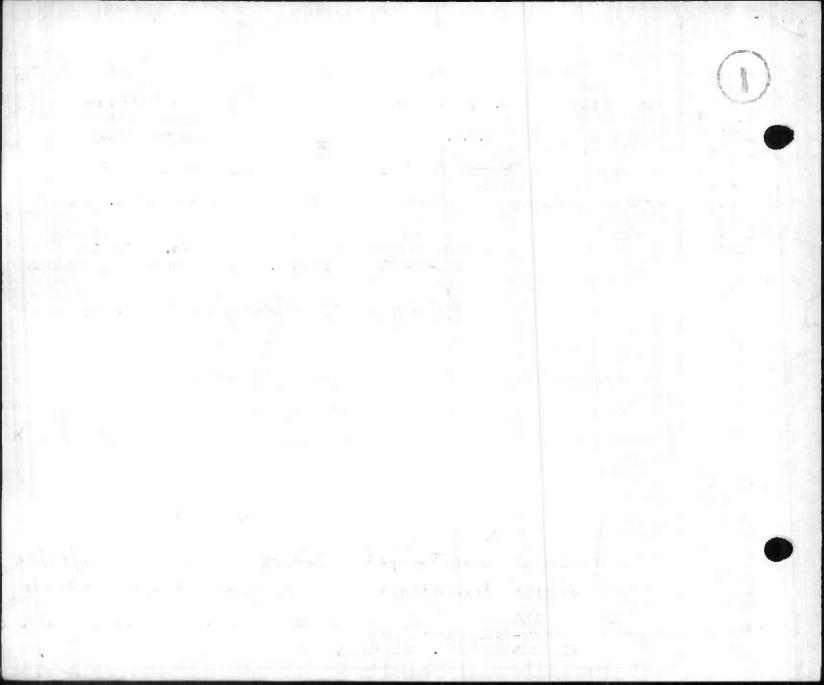
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1	REGISTRAR		MEI	DICALI	EXAMIN	ER'S CE	ERTIFIC	CATE	OF DE			NO.			
	DECEASED NAM	NE FIRST		WIDDLE		LA	AST			2a DATE OF	KNOWN ESTI	× ×	MONTH	DAY YEAR	76 HOUR
L		EDDY			RAY		BLIZ				MATED			0-84	M
3.	SEX	4 RACE	5. DATE OF BIRTH	YEAR	& AGE (IN YEA			IF UNDER	24 HRS	2c. DATI		1	HINOM	DAY YEAR	2d HOUR
	Male	White	Sept 28		31 YR	RS.	DATS	HOURS	MIN	DEA	0			0-84	11:10F
7	BIRTHPLACE (76. CITIZEN OF WI		TRY?	8. MARRIEI	D X NE	VER MARR	NED 🗌	9 BALTIA	AORE CIT	Y OR	COUNTY	OF DEATH	
上	Maryla	nd		SA		WIDOWE		DIVOR		A11	.egan	у С	ount	у	MD.
10	CITY OR TOWN	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA			, OR OTHER	R INSTITU	TION	FOR	MOST OF WO	RKING LIFE	(TYPE O		26 KIND OF BU OR INDUST	RY
1	Cumber1		Rt. 220						1	Labor	rer		F	Railro	ad
	STATE	(IF IN HURSING HOME O	TY	13c CITY	OR TOWN	(NO	3d. INSIDE (ITY LIMITS?	13e STR	REET ADDR	ESS				
1	Maryla		gany	Raw.	lings		YES 🗌	NO 3	Rt	#5,	Box	: 28	33C	/ 215	57
K	FATHER'S NAM	Ε	WIDDLE		LAST	1	IS. MOTH	R'S MAID	EN NAMI	E	MIDDLE			LAST	
1	James	Lew		lizz			En		·	Jane			Fult	Z	
1	(YES, NO, OR UNKN		WAR OR DATES)		IAL SECURITY		7. INFOR		7.		ADDR				
L	Yes		-1975	218		705	VIC	ку в	11ZZ	zard	- S	am	e as		
	18 CAUSE O	OF DEATH (Enter onl EATH WAS CAUSED	RY-											BETWEEN ONS	
	210		E CAUSE (o)		ole inj										
1	Condition	ons, if ony, which	DUE TO, OR	AS A CON	ISEQUENCE (OF									
	gave i	ise to immediate	(b)								11				
1	lying co	o) stating the <u>under</u> - use last.	DUE TO, OR	AS A CON	ISEQUENCE C	OF									
			(c)											<u> </u>	
1		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	INAL OISEASE C	R (ONOITIO	N GIVEN IN PA	ART 1 io						
	19a DATE O	FOPERATION	196 CONDI	TION FOR	WHICH OPER	ATION WA	SPERFOR	MED?						20 AUTOPSY	?
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15M 2/80

STATE OF MARYLAND



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

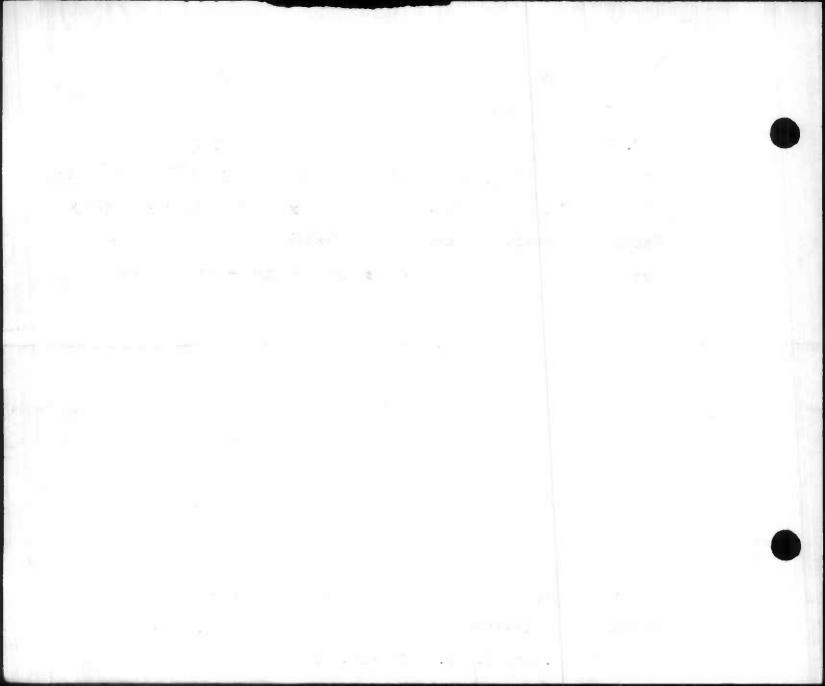
IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or ather traumatic event. In

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYBJENE

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STATE COUNTY COUNTY STATE COUNTY	7			LICUID A M		Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM IS PART I OR	PART 2)		
270. I certify that (I) (this hospital) attended the deceased from the causes stated above, (I) (we) (did) (did not) view the body after death. 272b. SIGNATURE DEGREE ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT) 272d. PHYSICIAN'S NAME (TYPE OR PRINT) 272d. PHYSICIAN'S NAME (TYPE OR PRINT) 272d. BURIAL, CREMATION, REMOVAL PARTIES AND CHARACTERY PHYSICIAN PARTIES AND CHARACTERY PAR		CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19							
270. Certify that (I) (this hospital) attended the deceased from 7 19 19 19 19 19 19 19		MED	WHILE NOT WHILE			ARM, ETC }			CITY OR TOWN	CO	UNIY	STATE	
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736 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR JOHN STATE 736 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY RUTAL, Somerset, PA 736 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY RUTAL, STATE 25d LOCATION CITY OR JOHN STA					U						,	-	
Burial 11/11/84 White Oaks Rural, Somerset, PA 74 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR'S SIGNATURE	4				T ₀)			
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		730 B	SPECIFYI					ATORY	CITY OR TOWN			STATE	
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	STATE OF MA
FOR	DEPARTMENT OF HEALTH
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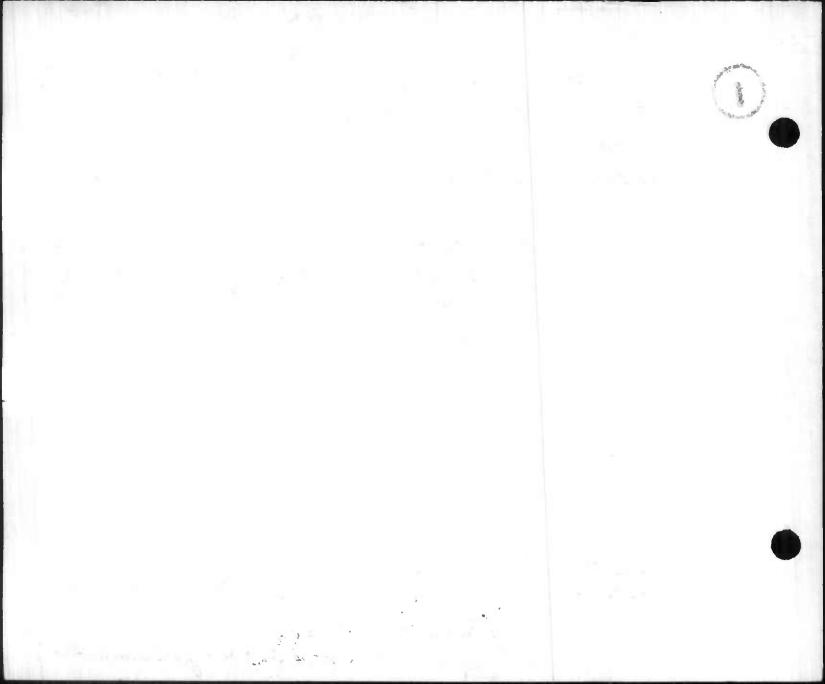
RYLAND AND MENTAL HYCENE

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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this co should be detached for use on the burn with the State Dept. of Health and Mer-

6 14 Sulfie teridon Mondales



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	CATE OF DE	ATH		REG. NO).				
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(1111)	ZK PKINI)	HERMAN	FR	EDERICK	В	RANT		NOVE	EMBER	1, 19	984		_ ′	:40 D. M
3. SEX		- 4	RACE		5. DATE O	FBIRTH		6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDE		IF UNDER	
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IO. CIT	Y OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		R OTHER INSTIT	MOITU		OCCUPATE				F BUSIN	ESSOR
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프								YES 🗀	NO	1	IFYING (AUSES	OF DEA	
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AL AL	OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR									
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l l	220 1 certify tha	t 1 (this hospite	al) attended th	e deceased from_	10	-8-	19 8 4	to	11 -	1-	19 6	4	that 1	We) last
		eased alive an_	11-	19 8	A on	d that in (my	our) apinion	death accurr	ed on the do	ite and ho	ur and f	1		

saw the deceased alive an above, (1) (variety) (did not 22b. SIGNATURE

ATTENDING

EDICAL STAFF
IRECTOR | PHYSICIAN |

22c DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OF PRINT)

DR. SAHN NATHAN

22e ADDREMEMORIAL HOSPITAL MEDICAL BUILDING CUMBERLAND, MD 21502

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

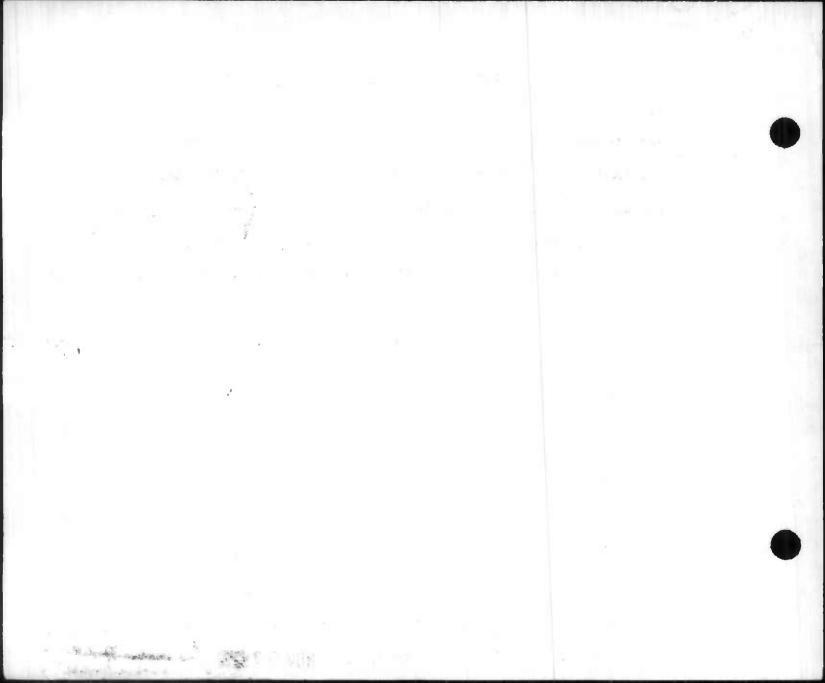
23c NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

DEGREE

Cumberland, Allegany, Md

24 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland, Md. 21 DHMH - 16 50M 4/83

(VRA 15, 4)



		REGISTRA CUMB CEASED NAME OR PRINT)	John	Gra	DLE	Brar	nt.	November	24, 1984		10UR 2:50
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bept of Health and Mental Hygiene prior to build if them 21 is marked or them 18 shows any injury, or		gove rise to import to the course (a), stofing the course part 2 OTHER SIGNATURE PART 2 OTHER	mediate mg the e lost. NIFICANT CO NIFICAN	DUE TO, OR A (c) NDITIONS CON: 19b CONDITIO 21b TIME OF IN HOUR A.M. P.M. 21e PLACE OF 1AT HOME STREET.	TRIBUTING TO DN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE 1 deceased from	DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	AINAL DISEASE OR CON 200 AUTOPSY? YES NO CHITY OR TO CITY OR TO deoth occurred on the decomposition of the dec	206. IF YES, WERE IN EXECUTIVE IN ITEM 18 PART LOR OWN CO 19 ote ond hour ond for the condition of the co	PART 2) UNITY UNITY That (FOR THE SIGN UNITY	STA (I) (we les state NED

May be the great of the conference

1.	STATE REGISTRAR			DEPAKIN		ICATE OF DEATH		EG, NO.					
	CEASED NAME	FIRST	A	AIDDLE	L.	AST .	20. DATE OF DE		DAY	YEAR	26. HOUR a.		
(TYPE	E OR PRINT)	ulia		E.	Bur	kett		11	29	84	10:30		
3. SE			I. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS	LAST BIRTHOAY)		ER LYEAR	IF UNDI R 24 HRS		
	Female		Caucasian				84 YRS			DAYS	HOURS MIN.		
7a. BI	IRTHPLACE (STATE OR	FOREIGN 7	Th CITIZEN OF WHAT COUNTRY?			NEVER MARRIED	P BALTIMORE CITY OR COUNTY OF DEATH						
Maryland			USA WIDOW							MD.			
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)						F BUSINESS OR				
C	umberlan	d	Lions Manor Nurs						DUSTRI				
	AL RESIDENCE (IF NUR	1136 COUNT	ΓY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP C	ODE	2	1502		
M	aryland	All	egany	Cumber		YES 🔀 NO	12 Sc.	hille	r Te	rrac	e		
14. F/	ATHER'S NAME		NDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE		LAS	ST.		
	Perry			Blank		Elizabe	eth			Cru			
	WAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU		17 INFORMANT		ADDRESS					
L.	No			215-50-	4463	Lions Mano	Lions Manor, Seton Dr.						
	18 CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), and	d (c).)	Λ			_	BETWEEN ONSET AND DEATH			
	PART I. DEATH V	IMMEDIATE		Heute b	ronc	ho pneumo	nia.						
	TOTAL TOTAL		DUE TO, OI	R AS A CONSEQUE	NGE OF								
	Conditions, if any	, which	(b)_	Bacter	rimi	a.							
	gave rise to im cause (a), state	ng the	DUE TO, OF	AS A CONSEQUE	NCE OF	1 . 1. 1	1.	1					
	underlying cous	e lost.	(c)	Urinary	1 +	ract intect	ion - C	hron	ICI				
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Organic Drain Syndrome. Ganeralised arterioscips												
TA.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, W								F YES, WEI	WERE FINDINGS USED			
CERTIFICATION							YES NO YES NO NO						
	210 ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH DA	YFAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEA	A IE PART I O	RPART 7)			
CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)				19					141			
MEDICAL	214 INJURY OCCUP		21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ARM. ETC 1	211 LOCATION STREET	CI	TY OR TOWN	C	OUNTY	STATE		
*	WHILE NOT W	ORK					1						
	22a L certify that () (this hospite	al) attended h	deceased from_	411	19 83		29	19.8		that (I) (we) last		
	saw the deceased alive on 1129 . ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
						DEGREE ATTENDING MEDICAL STAFF 120 CL							
		anin	VIII			PHYSICIAN [DIRECTOR	PHYSICIAN [11	30-84		
	224 PHYSICIAN'S NAME (1 YPE OR PRINT)					Me ADDRESS Lions Manor N.H.							
	V. A.	Ranji	than,	M. D.		Seton Dri			and,	MD	21502		
	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATIO		1 000	NIY 5	. TSTATE 1		
	Buria	al	Dec 3	84 S	unset	Memorial Par	Cumber	land A	Hega	ny M	aryland		
1	UNERAL DIRECTOR			ADDRESS 4	04 De	ecatur Still Car	E REC'D. BY REGI	STRAK 256 RE	GISTRAR'S	SIGNAT	URE		
(8)	lilcox-Meri	ritt F	uneral :	Service.	Cumb,	md 21502		0		-			
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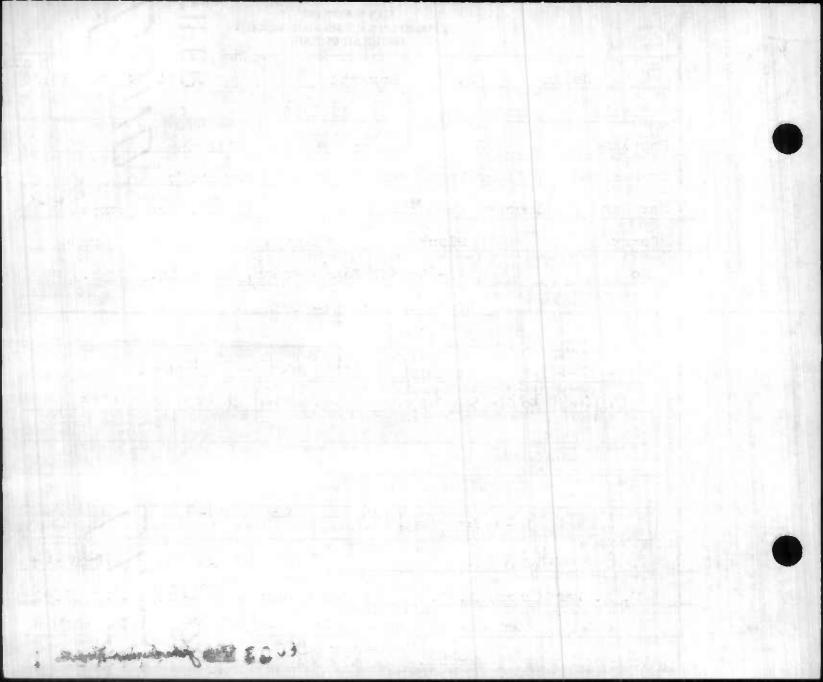
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or ottending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical examiner may be eartified at ange.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDENG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending about an
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		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HO	OUR				
1	(TYPE	WOODROW WOODROW	WILSON	CANFIELD	NOVEMBER 25, 1984 10:	10A				
)	3 SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # UNI	DER 74 HR				
	Mo	ile	White	Feb. 2, 1913	71 YRS.					
60		OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
6-	We	tt Virginia	U.S.A.	WIDOWED XX DIVORCED		1				
敷	Cu	umberland	(IE NOT IN SUCH FACILITY, GIVE STR SACRED HI	EART HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING LIFE) Maintenance-Town of Ridge					
20	USUA 130 S	TATE 136 COL	DROTHER INSTITUTION GIVE RESIDENCE BEF	OWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE					
			legany Oldton	UN YES NO	Mill Run Road / 21555					
AVA	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME LAST					
214		Alba	B. Canh		Belle Bright					
dica		/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)		ADDRESS Star Rte.2, E					
B 3		Yes W	.W. 11 235-11	4-6527 Roger Canfi	eld Keyser. West	Va.				
evenî,		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) +00166 by m. Leubblish IMMEDIATE CAUSE (a)								
otic e										
m o o		Conditions, if any, which (b) Ca who clake where Help								
er tr	M	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	ISPOUFLISPOF						
10	10	underlying cause last. (c) OCCIVICUR WAS cular dissease CV-E.								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ury.	z									
injury.	TION	12 DAYE OF OBERALION	CL OF	NOLE	20. ALITORSY2 200 IF YES WERE FINDINGS II	SED				
tany injury,	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE	ATH?				
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m 18 shorts any injury,	AL CERTIFICATION	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	IN CERTIFYING CAUSES OF DE	ATH?				
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	3. SE)			, RACE		5 DATE C		5.40	GE (IN YEARS LAST I	BIRTHDAY)	MONIHS D	YEAR IF UNDER 24 HRS.
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l	(RTHPLACE (STATE OF COUNTRY) Maryland		U.S.	WHAT COUNTRY	MARRIE	D NEVER MARRI	IED 🗀	ALLEG			WI
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	TIFICATION	cause (a), stat underlying caus	ing the se last.	(c)ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	20	DISEASE OR CO	20b. IF	YES, WERE FI	NDINGS USED USES OF DEATH?
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TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and is should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages with the State Dept of Mealth and Mental Hygiene prior to buriol, cremation, or removal.

BP. DHMH - 16 50M 4/83

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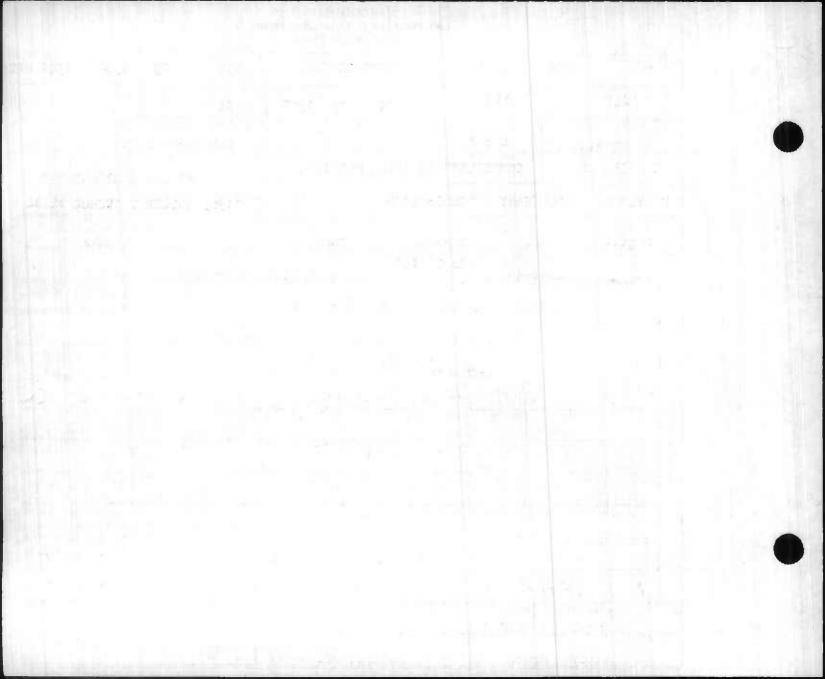
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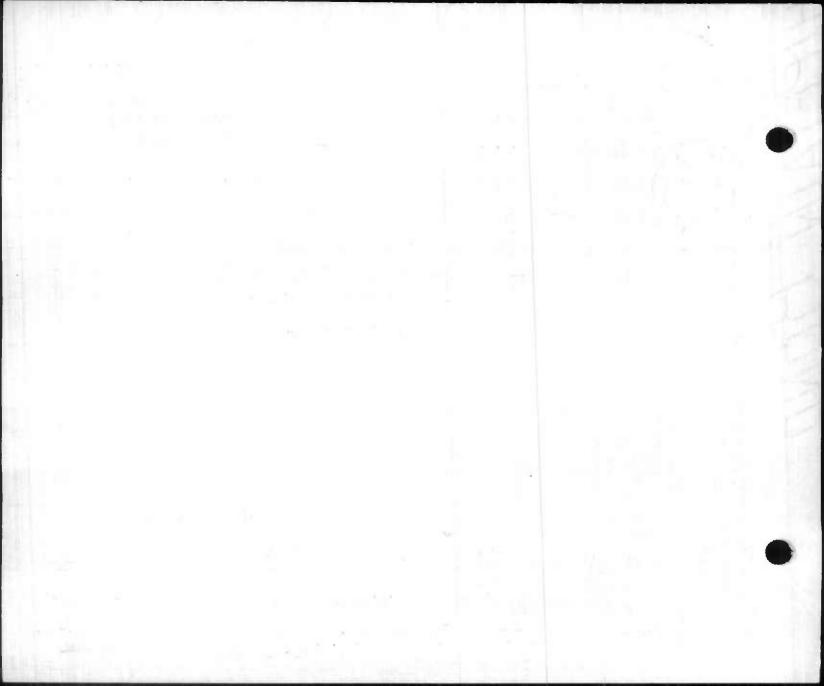
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPEIENE

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			13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	TÚ Z'BERRY	AVENU	JE 21502
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24 FUNERAL DIRECTOR	11/3/84	ADDRESS	- NOV	TE REC'D. BY REGISTRA	arioso, registrar	S SIGNATION	uri ndelle

Balto., Md.





DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCHENE

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	16 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTY	TRY? 8. MARR	IED INEVER MARRIED	Allegany	UNTY OF DEATH
PAGE S	1/	Cresaptown	U NAME OF HOSPITAL, NUR Dans Mountain	SING HOME, OR OTH	TER INSTITUTION 120	USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) LTETIShter	RK 126 KIND OF BUSINESS OR INDUSTRY Baltimore
AND 3		UAL RESIDENCE (IF IN NURSING HOME IS STATE IS COUN Maryland Ac	ITY 13c_CITY	DEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS? 130 YES NO X	STREET ADDRESS Le Ave	.2/223
ESTH PM 3	20	FATHER'S NAME FIRST Raymond	Ecker L	AST	Sarah Ani	n Ford MDDIE	LAST
AFTER DAG HVE PAG H FORM AGES H VSION O	270	(YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOC	-18-5564	Mrs. Elean	Haile ADDRESS A	ve. ore,Md. Wife
M HOURS ONG WIT PERMIT PIERMIT PIERMIT VAI		PARTIDEATH WAS CAUSE	TE CAUSE (o)	arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDENT
NCIL IN NCIL IN INER AL RANSIT ITAL HYO B SEMO	w strong	Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b) Coronar	y artery h	eart disease		years
CUTED IN PE	3	lying cause last.	(c)				
ENDING MEDICA AS A B ALTH A	200		CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PART 1 I	1	
JSED JSED SALES	1	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION V	AS PERFORMED?		20 AUTOPSY? YES □ NO 10
CERTIFICATE SH TING THE WOR DED TO THE CI 3 SHOULD BE U DEPARTMENT OF			21b. TIME OF INJURY HOUR A.M. MONTH DEATH P.M.	DAY YEAR	OW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PART 1 C	R PART 2)
WRITING ARDED AGE 3 SHATE ATE DEP/	2	21d INJURY OCCURRED WHILE NOT WHILE AT WORK I WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ET-		CATION	CITY OR TOWN	COUNTY STATE
HICATE, THE STORW SCTORE PARTIES TO SERVICE PARTIES	LAND.	22a I certify that I took char	ge of the remains described aboveral causes	ve, held an Autap		, Inquiry X, and in m	y apinian
MEDICAL EXAMINATION OF THE CERTIFICATION OF THE CER	7	ACTUAL SIGNATURE DELL	Com-		Ast. Dpty	MEDICAL EXAMINER SK	TE 11/24/84
	7	EXAMINER'S NAME Paul			ADDRESS	al Hospital	
524548	230	BURIAL, CREMATION, REMOVAL	73b. DATE 23c N	AME OF CEMETERY	OR CREMATORY 23	LOCATION	GOUNTY STATE

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP_

Burial | 11/28/84 | Glen Haven Cem

**HUNDERAL DIRECTOR Balto Mid. 21225

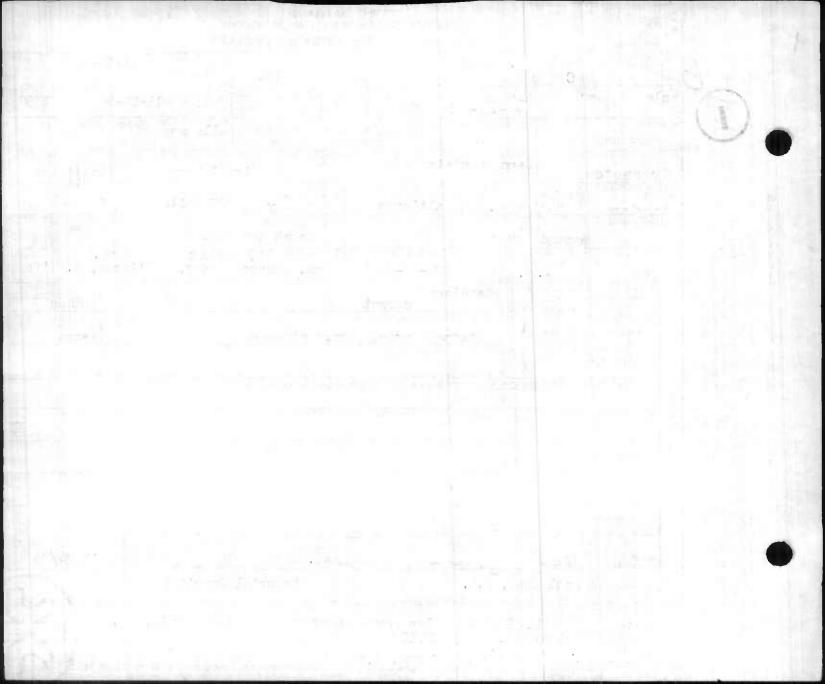
George J. Gonce 4001 Ritchie Hgwy.

11/28/84

Glen Haven Cemetery 21225 | 256. D

Glen Burnie, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director is should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages Lond 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event—the medical Examinerraph of emitters that the contraction of the con

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

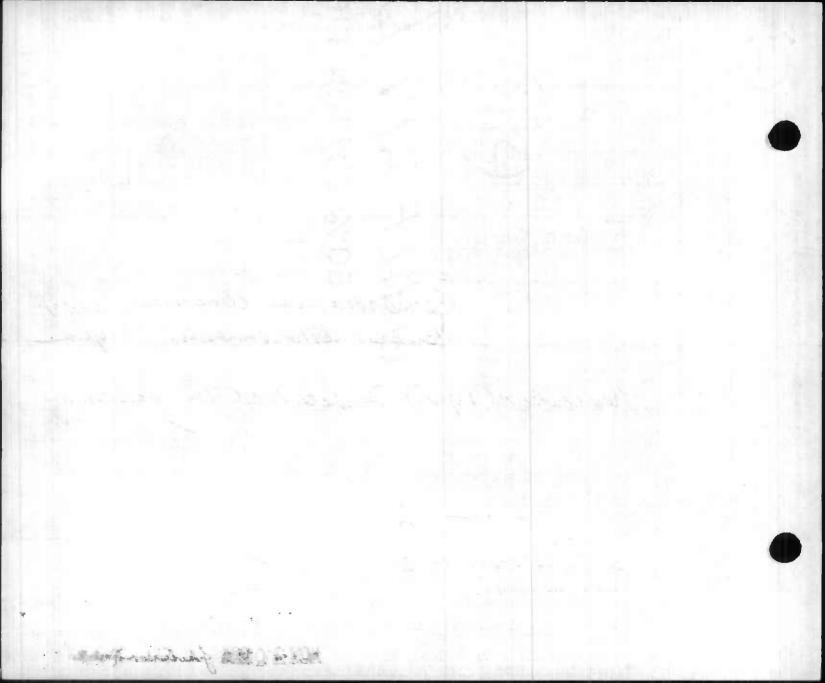
8

FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HOG FICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE		IAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Jo:	sephine T. Emer	ick		11-14	1-1984 2:00A M
3 SEX	4 RACE	S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
female	white	MONT	-10-1904 YEAR	80 yrs	MONTHS DATS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	Π	9 BALTIMORE CITY OR COUNT	Y OF DEATH
MD ME	USA	WIDOWE	D NEVER MARRIED DIVORCED	Allegany Cour	nty MD.
Oumberland	11. NAME OF HOSPITAL, NU LIFNOT IN SUCH FACILITY, GIVES: ROUTE 4 - UI	rsing home of treet address) atown R	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b COL	or other institution Give residence B INTY 13c CITY OR T Legany Cumbe		13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS - Old	town Road
14 FATHER'S NAME Stephen R	. Edwards LAST		15 MOTHER'S MAIDEN NA	Crabtree Crabtree	LAST
THE TOTAL PROPERTY OF THE PERSON OF T	IVE WAR OR DATES)	6-3263	17. INFORMANT	a A. Emerick - (Cumberland, MD
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 THER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 1% CONDITION*OR WH	TO REATH BUY	rabetes 1	200 AUTOPSY? 2016 FYE	VEN IN PART TO . April ausec. S. WERE FINDINGS USED. IFYING CAUSES OF DEATH? ES \(\text{NO} \(\text{TO} \)
TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURED WHILE NOT WHILE AT WORK AT WORK		19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM IS	
220.1 certify that (1) (this has saw the deceased alive a obove (1) (we) (did) (did r 27 SIGNATURE 274 PHYSICIAN'S NAME (TYPE	OR PRINT)	9_84	DEGREE ATTENDING	, to death occurred on the date and ho MEDICAL STAFF DIRECTOR PHYSICIAN	, 19, that (1) (we) lost ur and from the causes stated 22c DATE SIGNED 11-14-84
Victor E. Ma	zzocco M.D.		912 Seton	Drive, Cumberlar	nd, MD 21502
230. BURIAL, CREMATION, REMOVA (SPECIFY) BUrial	11-17-84		emetery or crematory Memorial Cem.	23d LOCATION CITY OR TOWN CUMberland	Allegany MD
24 FUNERAL DIRECTOR	11-1/-04	Davis		E DECID BY DEGISTRADISH DEGIS	Allegany MD

James F. Scarpelli, Cumberland, MD 21502 MY 2 0 18 Julia Buildon Profes

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



FOR

STATE OF MARYLAND

8

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
T		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
l		J	EROME	SELMOR	E ERVIN,	Sr.		NOVEMBER 9,	1984	1207 A _M
	3. SE)	MALE		4. RACE CAUCAS	ION	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) SEVENTY YRS	MONTHS DAYS	HOURS MIN
?		RTHPLACE (STATE ORI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT		RLAND MD.
	CI	TY OR TOWN OF DEA		MEMOR!	AL HOSP I	TAL M	EDICAL CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Conductor	126. KIND (INDUSTRY Rail	
-1	13n S	AL RESIDENCE (# NURS STATE y Land	13P COTI	other institution are gany	GIVE RESIDENCE BEFORE U.C. CITY OR TOW CUMBER LAI		134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 209 Spring St	DE 21	502
	14 FA	Peter	Ga	nghan	Ervin		15. MOTHER'S MAIDEN NA	MIDDLE		outen
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	214-07-6		Jerome S Erwi		2 Beling ngfield,	va 22150
	ATION	Conditions, if any gase rise to im- course to instant and instant	nediate no the lost NEICANT (Trous and trans-	manufac d	ATHULI OPERATIO	NOT BENEVIED TO THE TERM		YES, WERE FINDS	NGS USED
	CERTIFICATION	21s. ACCEPNI WAS UN	DESCRIPTION I	716 TIME C	E INJURY		Tale HOW INJURY OCCUR	YES NATIONAL OF MILITARY MATERIAL	YES []	NO [
1	MEDICAL C	OF COMMERCIENC []	CAUSE OF DEA	HOUR A		LY YEAR	211 LOCATION			
1	ME	AT WORK AT WO	RK	(AT HOME, ST	MEET, PACTORY, OFFICE, P.	NAM, ETC.	STREET	CAY OF TOWN	COUNTY	STATE
		22a.1 certify that (I) saw file decea aboyt. (II) well. 22b. SIGNATURE 22d. PHYSICTAN'S N.	ed alive and did) (did no	t) view the body		- 6-	DEGREE	death accurred an the date and h		that (I) (Pe) last e causes stated
1	23a B	BURIAL, CREMATION, ISPECIFY) Burial	REMOVAL	11-11	-84 St	mset	EMETERY OR CREMATORY Memorial Park	Cumberland	Allegan	y Máryla
	24. FU	NAME 230 H	Baltim	ore Ave	. Cumber	land,	MD 21502 (1)	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNA	- Handell

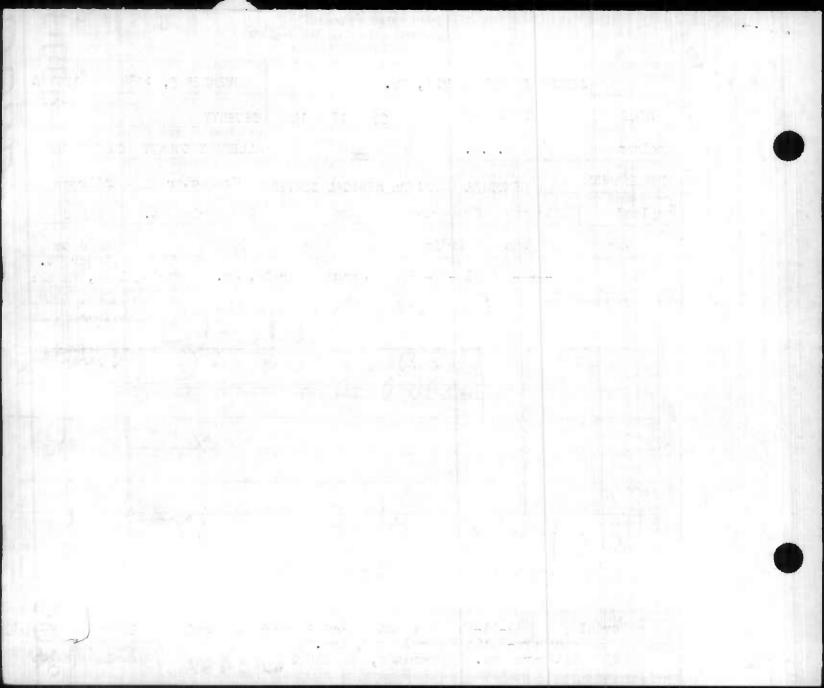
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After the certificate has should be detached for use as the burnel training mental with the State Dept. of Health and Mental Digiting pro-

IMPORTANT: If them 21 is marked and

retained by the haspital or attending physician

BP.



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erificate has been sign al-transit permit. Then mal Hygiens prior to bu

O FUNERAL DIRECTOR, a hould be detached for use with the State Dept. of Hea

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1	-	STATE
-		DECHETOAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

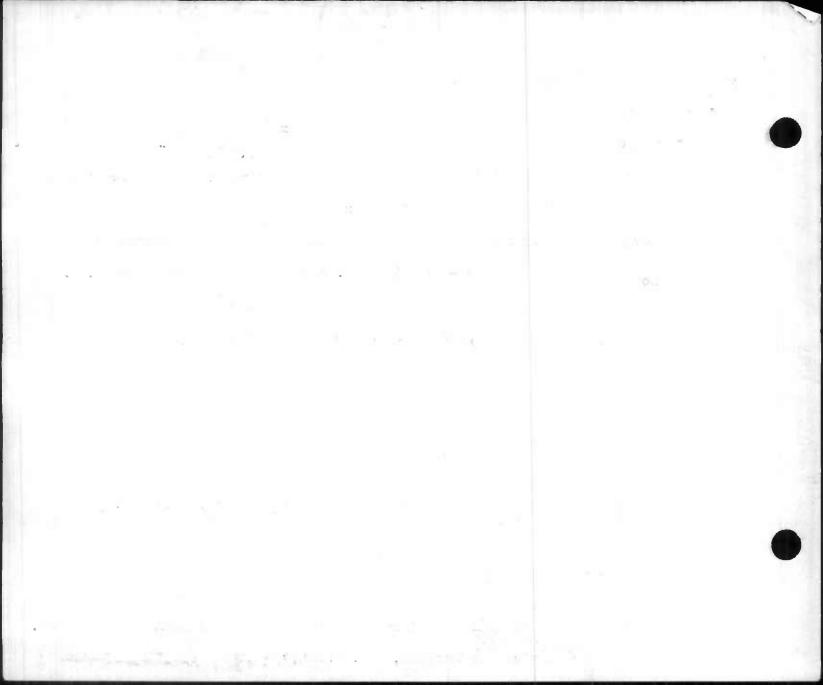
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	0-6	1	7	/	7
١.		-	-	_	

REGISTRAR				CERTIN	ICAIL OI D	PATH	REG.	NO.	001	6	6
1. DECEASED NAME	FIRST		MIDDLE	4.	AST		2a. DATE OF DEATH	MONTH	OAY YEAR	26 HO	UR
(TYPE OR PRINT)	Rollin	า	P.	Fr	rankland	d		11	9 84	9:5	6P /
3 SEX	-	4 RACE		5 DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	# UNDER I YEAR	IF UNDE	ER 24 HRS
Male		Wh	ite	2	16	ŠŠ	76	YRS.		HOURS	M IN.
TO BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVXRA	AAPRIED T	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
maryland		United		WIDOWE	D DN	ORCED	Allegan	y Coun	ity		М
10 CITY OR TOWN O		11. NAME OF I	HOSPITAL, NURS	SING HOME C	OR OTHER INST	ITUTION	12a USUAL OCCUP		176 KIND (1ESS O
Frostb			urg Com		Hospita	a l	Manager		Devon		ıb
USUAL RESIDENCE (1) 130 STATE Marylane	d 13b. COUL	l egany	130 CITY OR TO Western	WN	136 INSIDE CI	NO 🗌	130 SIREET ADDRES	s/zipcoi e St.	215	62	
14 FATHER'S NAME		MIDDLE	LAST			MAIDEN NA	ME		1.63	< 1	
Leroy		Frankla			Aman	da	Middle		naught	,,	
160 WAS DECEASED		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMA	NT	ADI	DRESS			
TYES, NO OR UNKNOW	N) (IF YES, GA	VE WAR OR DATES	216-01-	3077	Mr. J	ack Fra	ankland F	ort As	shby W.	Va.	
	DEATH (Enter or	dy one cause per	Special styles	need (c.s.)	,		_0_		MINTEN	DHOET AN	D DEATH
PART I. DEA	TH WAS CAUSE	D BY	modia	20000	10 100	an	ment				
	IMMEDIA.	TE CAUSE (III)	were	cherche	and the	UFE	61/367	1.5	$\overline{}$		
		DUE TO: O	E AS A CONSEQ	UENCE OF		3	010-	/			
Conditions, if	one which	1/	DOD.	Mount	bustini	11 -1	Alle ani	unal			
gave rise to		(11)	0	garase	THURST CO.	00/	en cong	69160			
COHSE (0).		S DUE TO O	R AS A COMBEO	MENCE OF	**		100	1 0	1		
underlying	couse lost.	10000	horton	En). 1	CHI	11	AT BY H	con really	201		
		102	THEFTOTE	and the	4/	f half	CI FLY LEW	napusy	Z-doct.		
	SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	DUDITION G	IVEN IN PART II	a	
19a DATE OF OR	PERATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDI		
E							YES T NOT		TIFYING CAUSES	S OF DEA	
21g ACCIDENT W	AS UNDERLYING	71h TIME C	OF INJURY		121c HOW IN	JURY OCCURE	RED (ENTER NATURE OF I			140	
On convenience	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR			TELEVISION OF THE				
0	Y MEDICAL EXAMINE		M	19							
21d INJURY OC		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	E FARM ETC)	211 LOCATIO)N	CITY OF	RIOWN	COUNTY		STATE
AALINE V	AT WORK			1.			c x/	0	011		
22a I certify th	at (1) (this hosp	ital) attended th	e deceased from	1711	do	19 8		19	190	that (1)	(we) la
sow the de	eceased alive or	ot) view the bady	19	840	nd that in (my)	(our) opinion	death occurred an the	e date and ho	our and fram the	causes s	tated
276. SIGNALUS		on view the bady	differential		DEGREE				22c. DATE	SIGNET)
16	Min	11/1	h	R	1,17	TTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF			
224 PSETSACKIN	6 HAME LIVE	OR PRINT	4)	272 ADDRES		DIRECTOR PHI	SICIAN [
		im, M.D.	/ /	,		ternpor	t. MD	21562			
23a. BURIAL, CREMAT			23	NAME OF C	EMETERY OR C		234 LOCATION				
(SPECIFY) Buri	-	11/13/			Cemeter		Western		Allega	nv	Md.
24 FUNERAL DIRECTS	-	12011	7		A PRICACT		E REC'D. BY REGISTR		0		A ANA S
NAME NAME	Mene!	PON W	ADDRESS			130 DAI	E NEC D. DI NEGISTR	CHIZIN REGIS	ANOIC C MANIE	TORE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Boals Funeral Service Westernport, Md. 2156



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 12 to with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8

	REGISTRAR				REG. NO.						
	ECEASED NAME FRST	MIDDLE	LA	St	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
(177	Catheri	ne Louise	Gel	lner	November 13,	1984	23:44				
3. SE		4. RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF YES, WERE FINDINGS USED BETIFYING CAUSES OF DEATH COUNTY JAPPROXIMATE INTERP APPROXIMATE INTERP APPROXIMATE INTERP IF YES, WERE FINDINGS USED BETIFYING CAUSES OF DEATH YES NO	IF UNDER 24 HRS				
	Female	White	11	1 04 / 12	72 YR	M.G.VIIIS DATS	HOURS MIN				
	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OR COUN	NTY OF DEATH					
	Maryland	USA	WIDOWE	DIVORCED [Allegany Co		M				
10 C	TITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING		OF BUSINESS O				
	Cumberland	Sacred Hear		pital	Housewife	Own	Home				
	STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOW LaVal	/N 1	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO		21502				
14. F.	ATHER'S NAME	MIDDLE LAST	,	15. MOTHER'S MAIDEN NA							
	Harry	Goldswo	rthy	Rose	Rebecca	Hendric	rkeon				
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS	HEHAT I	ASUII				
-	(YES NO OR UNKNOWN) (IF YES, G	ve war or dates) 220-10	-1727	Ruth A. Ol	livier Colum	bia, M					
		nly one cause per lige for (a), (b) or	id (c).)	0	1.10	BETWEEN	MATE INTERVAL ORSET AND DEATH				
	PART I. DEATH WAS CAUS	TE CAUSE (o)	n' He	mic >	MOUL	-	tills				
		DUE TO, OR AS/ACONSEOU	ENIDE OF		1 . 1	1	, ,				
	Conditions, if ony, which	LOCAL STATE OF THE		vono CA	my my	Ish iT.	2				
	gove rise to immediate	gove rise to immediate									
	couse (o), stofing the	couse (o), stofting the underlying couse lost.									
31		((c)									
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NO HELATED TO THE TERM	LINAL DISEASE OR CONDITION	IN IN AR	5				
ATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDI	NGS USED				
은					YES NO NO NO NO CEI						
CERTI	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM						
	OR CONTRIBUTING CAUSE OF DE										
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION							
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE				
	AT WORK			117	4 11/1	7 44					
		pital) attended the decented from	44	100	1 , to	,	that (I) (we) lo				
	sow the deceased olive or obove, (1) (we) (did) (did n	ot) view the body offer death.	, on	d that in (my) (our) opinion	death occurred on the date and	hour and from the	couses stated				
	226. SIGNATURE	A	[DEGREE		22c. DATE	SIGNED				
	11/1	hing Ino		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11	/14/5				
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		Action 1	1 1				
	Dr. Renato E	spina. M.D.		907 Seton	Dr., CUmberland	, Md. 2	1502				
23a.	BURIAL, CREMATION, REMOVA		NAME OF CI	METERY OR CREMATORY	23d LOCATION	£ (0) = 17	43.45				
	Burial	11/17/84 St	t. Pe	ter & Paul'	s Cumberland	. Alles	MD				
24. F	FUNERAL DIRECTOR			25a. DA1		SISTRAR'S SIGNA	TURE				
	NAME	ADDRESS		- INON	A O MOA Sulia.	Davidson-A	and 90				
	John J.	. Hafer, Jr.	LaVa.	le. MD NOV	T U TURA	Pare Inton a-N					

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or attending physician.

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	samily			
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30275 747. 2.				TM.
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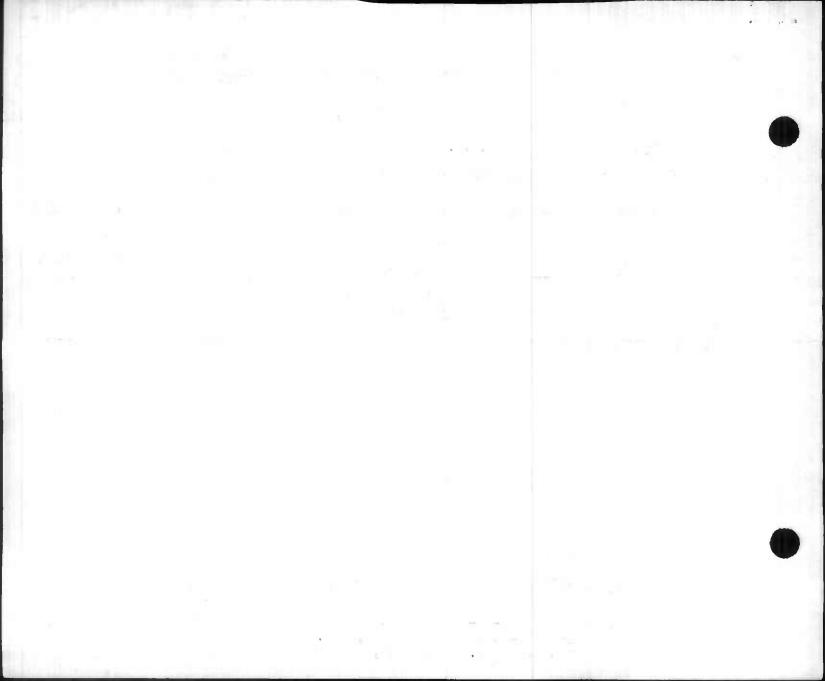
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPAI	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		982
i		EASED NAME	FIRST HELEN		TDIIDE		GILMORE	Normal and 2		P 26 HOUR
			HELLEN					November 2		EAR IF UNDER 24 HRS
-	3. SEX	Femal	е	Black Mo		5. DATE O	DAY YEAR	79	YRS.	YS HOURS MIN.
4		OUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
1		ryland		U.	S.A.	WIDOWE		Allegany	County	MD.
A	10. CI	TY OR TOWN OF D	EATH	11. NAME OF I			OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		D OF BUSINESS OR
1		mberland		Memori	al Hosp	ital &	Medical Cent	er	WORKING THE HADOST	KI
6	13a. S	RESIDENCE (IF NI TATE Tyland	13b COUP		GIVE RESIDENCE BE 130. CITY OR TO Cumber.	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 509 Greene		21502
		THER'S NAME					15. MOTHER'S MAIDEN NA			
П		William		Newton	Coopei	r	Louanna	MIDDLE	Wi	llis
\forall	16e W	AS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRES	ss 301 Parl	k Street
II	(4	(YES, NO OR UNKNOWN) (# YES, GIV		213-22-446		2-4462	Helen Edwar	ds, daughter	Frostb	arg. MD
	ATION	Conditions, if a gove rise to i couse (o), ste underlying cau PART 2 OTHER SI	mmediate iting the use last	(b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM	ainal disease or cond	DITION GIVEN IN PAR	I tro
	0 1	19a DATE OF OPE	RATION	19L COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	DINGS USED SES OF DEATH?	
7	CAL CERTIFI	21g. ACCIDENT WAS I	CAUSE OF DE	A177	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		YES T	
/	MEDICAL	21d INJURY OCCU	WHILE WORK	21e. PLACE	OF INJURY REET FACTORY OFFI	ICE FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
		22a 1 certify that	(I) (this hosp	ital) attended th	e deceased fro	m		to		, that (I) (we) last
		sow the dece obove, (1) (we	ased alive or	ot) view the body	ofter death.	9 or	nd that in (my) (aur) opinion	death occurred on the do	te and hour and from	the causes stated
		226. SIGNATURE	Abli	T_			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	ATE SIGNED 11/98/84
		Dr. N. R					Medical Blo	lg.,Memorial	Hosp.&Med	. Cntr.,
		URIAL, CREMATIO	al	11-29	9-84	Sunset	Memorial Park	23th LOCATION		ny Ma ryla nd
	24 FL	INERAL DIRECTOR	Leas	ure-Ste.	in Fune	ral Hom	111C 250 DA	TE REC'D. BY REGISTRAR	156 REGISTRAR'S SIGI	Margaell

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

230 Baltimore Ave. Cumberland, MD 21502 UEC



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	director,	hours afte	
	funerol :	11 July 72	,
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	filled in	oorld be	*
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	e attending	ove corb	I cremation or r
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	signed by	hen pleose	prior to buriol c
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	ofe	ISU C	2

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1. DECEASED NAME	FIRST	٨	AIDDLE	l	AST		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	JAMES		WILLIAM	(RIFF	гтн	Novemi	ber 8.	1984	12:10
3. SEX		RACE		5. DATE C			6 AGE (IN YEARS		IF UNDER I YEAR	F UNDER 24 HRS
Male		White		Fet	5. 10	1918^	66	YR:	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE C	R FOREIGN 75	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D W NEV	ER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
Md.		U. S	. A.	WIDOWE		DIVORCED	Alle	ganv		M
IN CITY OR TOWN OF D	EATH 11		OSPITAL, NURSIN		OR OTHER I	NSTITUTION	12a USUAL OCC		126. KIND	OF BUSINESS OR
Cumberland		Memo	rial Hosp	oital			Laborer		Pape	r Mill
USUAL RESIDENCE HE NO.	13h COUNTY Alleg		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Western		YES 🌁	NO [13e STREET ADD	RESS / ZIP CO	St. Wes	ternport
14 FATHER'S NAME FIRST	MIC	DUE	Griffi	+h	15. MOTH	Bessie		IDDLE	Hamil	ton
160 WAS DECEASED EVI			166 SOCIAL SECU		17 INFOR	TAAM		ADDRESS		
(AEZ' HASE MINKHOMN)	(IF YES, GIVE W	AR OR DATES)	216-07-9	9636	Char	rlotte (Griffith	Western	-	
18 CAUSE OF DEA	ATH (Enter only WAS CAUSED I	one couse per	lyhelfor IoI, (b), one			1 1			BETWEEN	MATE INTERVAL
	IMMEDIATE	CAUSE (o)	Urous	num	may	- Jack	u		7	- S days
		DUE TO, OF	R AS A COMBEQUE	NCE OF	0	V	Q 1. 11	13	191.	1 //
Conditions, if or		(b)	Lave	CAQUA		OLUM.	mohlmu	и.	Unc	cevaen -
couse (o), sto	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF	0	(1				
underlying cou	se lost	510								
	gnificant co	NDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELA	TED TO THE TERM	AINAL DISEASE OI	RCONDITION	GIVEN IN PART 1	0
210. ACCIDENT WAS IT	PATION	19h CONDI	TION FOR WHICH	OPERATIO .	N WAS PE	RFORMED	20a AUTOPS		YES, WERE FIND	
E 11/12 3	1 A XU	Mal	what Y	Hourd	1	ulei	YES NO	O Z	TIFYING CAUSE YES	S OF DEATH?
21g. ACCIDENT WAS I	INDERLYING	21b. TIME O	71		2h. 909	Y INJURY OCCÚR	RED TENIER HATURE	- 13		
the state of the same of the same		HOUR A.			100					
OR CONTRIBUTING L		71e PLACE		10	ZII LOC	ATION			22.000	
WHILE NO	WHIIE		EET FACTORY OFFICE F	ARM ETCT		1994		T) OR TOWN	COUNTY	STATE
	VORK		1.50	11-	2 00		- Mir	8	VV.	
22a I certify that sow the dece) orrended in	deceased from		nd that in t	my) (our) opinion	death occurred or	n the date and l	anur and tram the	that (I) (we) las
obove, (I) (we 22b, SIGNATURE	(did) (did not)	view the body	ofter death.		DEGREE	, (66.) 6667	acom occorred or	The dore ond		E SIGNED
228. SIGNATURE	alain Y	Olad:	1.0		M.D.	ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN [[11]	4 84
226 PHYSICIAN'S	0.007	RINT)			22e ADD	RESS				1 8
		marrosco - wa					rial Hos			ldg.
Calvin Y				IAME CO		Cumberlas OR CREMATORY	nd, Mary		21502	
736 BURIAL CREMATIO	N, REMOVAL	11/12/		ilos			City Oil to	OWN	COUNTY	NAME OF TAXABLE PARTY.
M EURIERAL DIRECTOR	// \)		1.		1		Weste	rnport	Allegan	y Md.

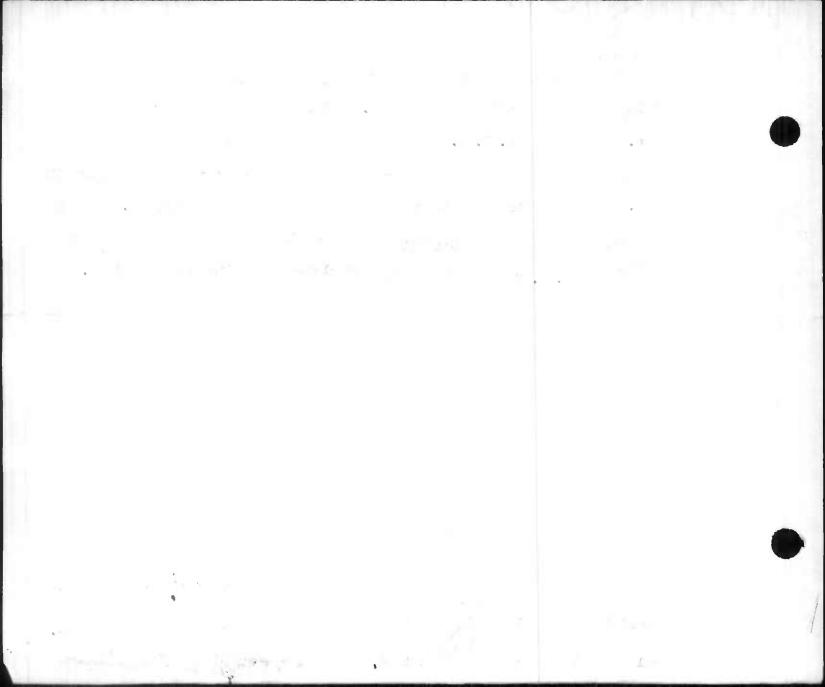
Westernport Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certific should be detoched for use as the buriol-trowith the State Dept. of Health and Mental F

DRIANT If Item 21 is

Boal Funeral Service



MIDDLE

BRIMES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT AL HYÖ

LAST

25s. DATE REC

404 Decatur St

Service. Cumb, Md 21502

MEDICAL EXAMINER'S CERTIFICATE OF I

JULIA GRIMES

ΔΤ.Π.Τ.

TRENE

- STATE

REGISTRAR

DECEASED NAME

2890	
EATH BEG NO	
20. DATE KNOWN W MONTH	DAY YEAR DIGHOUR
DEATH MATED NOV	16 19 84 PM
PRONOUNCED MONTH PRONOUNCED 16	12:22 19 84 P M
9 BALTIMORE CITY OR COUNTY	OF DEATH
AT.I.F.GANY	MD.
FOR MOST OF WORKING LIFE)	OR INDUSTRY
STREET ADDRESS	19999
47 Knobley Strée	
WIDDLE	Teeter
ADDRESS Park Winstanley LaVale	Drive
ISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
II.	
	20 AUTOPSY?
	YES NO
NTER MATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
CITY OR TOWN COUN	TY STATE
Inquiry XX and in my apin	lian
ndetermined manner ,	
MEDICAL EXAMINER DATE SIGNED	11/16/84
n Drive, Cumberlan	d, Md. 21502
Liocation Cumberland Allegan	ny Maryland
NY HEGISTRAN 256 REGISTRAR'S SIC	
Me file Seviler To	nd all la

DHWH-17 (VR A15 ME (5)) 20M 4/82

24 FUNERAL DIRECTOR

Silcox-Merritt Funeral

the first state and the contract of the second state of the second Medical medical for a fill of the VIII

	1	-	FOR STATE REGISTRA
1	-	50	E ACED NIA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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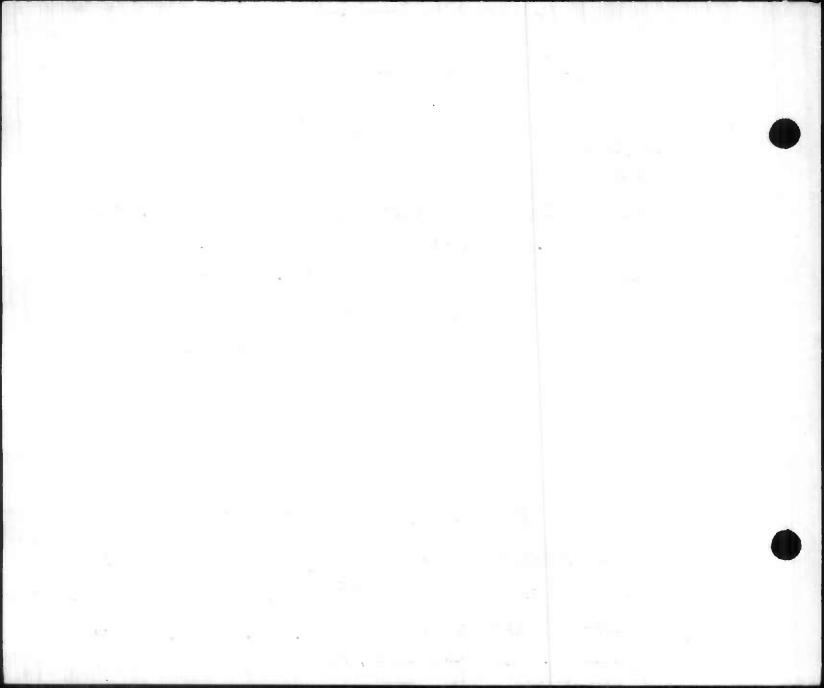
KI	EGISTRAR				4				REG.	NO ON	-0 10		
	ASED NAME	FIRST	N	IDDLE	1	.AST		2a DAT	E OF DEATH	MONTH	DAY YEAR	25 HOU	
(TYPE OR I	WI	LLIAM	GOT	TLEIB	HISI	ER		70И	EMBER	11, 1	984	7:9	JT W
SEX		I	4 RACE		5. DATE C			6 AGE	IN YEARS LAST	BIRTHDAY)	MONTHS DAYS		
	ALE		White			ST 16,			76	YRS		HOURS	MIN.
	HPLACE (STATE OR FO	DREIGN	76. CITIZEN OF V	VHAT COUN	MARRIE	D X NEVE	R MARRIED	9 BALT		_	TY OF DEATH		
	arvland		USA		WIDOWE	-	DIVORCED [ALLEG	ANY			MD.
O CITY	OR TOWN OF DEAT	ГН			JRSING HOME C	OR OTHER IN	STITUTION		JAL OCCUPA		126 KIND		
	ERLAND				SPITAL				achin		Rai.	lroa	đ
USUAL R	RESIDENCE (IF NURSIN	13b COUN		13c. CITY OR	TOWN	13d INSIDE	CITY LIMITS?		ET ADDRES				
Mai	ryland	Alle	gany	Cumbe	erland	YES 🔀	NO 🗌		Turne	r St.	/ 215	02	
14 FATH	IER'S NAME	_	AIDDLE	LAS	7	15. MOTHE	R'S MAIDEN N	AME	WIDDLE				
I	Ray	L.		Hisei		Ch	arlott	е	V.		Bro	wn	
60 WAS	S DECEASED EVER I				SECURITY NO.	17 INFOR				RESS	-20		
(YES.	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	705-0	5-4620	Ter	esa E	His	er -	same	as ab	ove	
PA PA	ause (a), stoting inderlying cause ART 2. OTHER SIX	last.		NTRIBUTING	HICH OPERATIO	NOT RELAT		200 /	AUTOPSY?	20b IF Y	ES, WERE FIND	INGS USE S OF DEA	TH?
21	a. ACCIDENT WAS UNDE		216. TIME OF		5.14 45.5	21t HOW	INJURY OCCU	RRED (ENT			PART OR PART ?)	NO [
	OR CONTRIBUTING CA		The second second		DAY YEAR								
\leq	d INJURY OCCURRE		21e PLACE C		0	ZII 10CA	TION		1				
	WHILE NOT WHILE	LE 🔲	AT HOME STRE	ET FACTORY OF	CONTRACT OF THE PARTY OF THE PA	1 10	0.		VI	OWN	COUNTY		TATE
-	WORK ALWORE		MALL	84	-VU	-10	8	7	TUM!	11/	XH		
127	one the decider	this nospit d alive on	1001.	70	Oct	nd that in to	yı (our) opınior	denth on	urrad as the	date and he			
_	above, (i) yey (di	ely filled of	view the body	iter death.			7. (001) opinioi	, death occ	on ed on the	date and no	or and train the	c couses si	
100	& SIGNATURE	Al				DEGREE					1 72, DAT	E SIGNED	
	4	XU	leun	1 -	m		ATTENDING PHYSICIAN	MEDIO	CAL ST	AFF SICIAN [10	3-9	
22	N. PHYSIC CHIENA	ME (TYPE OF	ELLIN PRINT)	1	m	22e ADDR	PHYSICIAN				10	3-9	we) last oted
1	DR. TERRY	, , , , ,		1	m	22e ADDR MEDIO MEMOR	PHYSICIAN	DING	FOR PHYS	ICIAN [D, MARY	3-9 LAND	oted
1	DR. TERRY	WILL		1	23¢ NAME OF C	MEDIC MEMOR	PHYSICIAN AL BUIL TAL HOS	DING PITAL	FOR PHYS	BERLAN	D, MARY		oted

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR William G. Kight (VRA 15, 4)

Cumberland, MD

250. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE



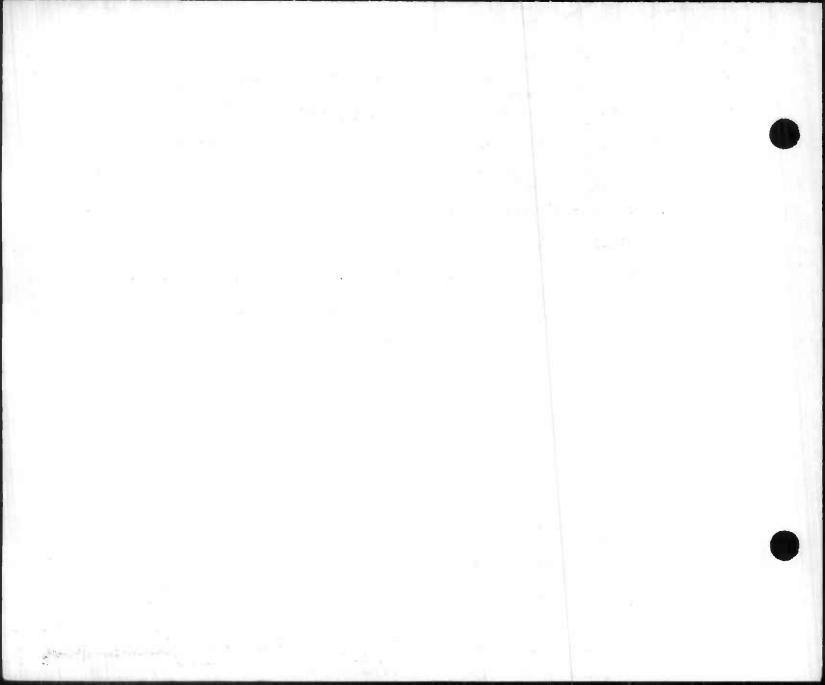
FOR - STATE DEPA

STATE OF MAKTLAND 🔀 😂	E-	
RTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		
CERTIFICATE OF DEATH	REG. NO	-

	1-	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	REG. NO	28	90389.		
ľ		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH MO	INTH DAY YE	25 HOUR 2:00A.		
L		MARY	ALICE		MES	NOVEMBER 23.	1984	M		
ſ	3. SEX		I. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS DAYS HOURS MIN.		
ļ	1	Female	White	Aug	20000	83	YRS			
I		RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	MARRIE WIDOW!	D NEVER MARRIED DIVORCED	Allegany	COUNTY OF DEAT	MD.		
I			1. NAME OF HOSPITAL, NET OF HOSPITAL, NET OF HOSPITAL HOSPITAL		DR OTHER INSTITUTION MEDICAL CENTER	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Retired		ND OF BUSINESS OR STRY aundry		
	13a S W .	RESIDENCE (IF NU) ME ORG TATE COUNT Va. Min	other institution, give residence in the city of the c	E BEFORE ADMISSION) R TOWN Cap	134. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / Z none	IP CODE GG	999		
1		ther's NAME hn William Duck	worth	ST	Elizabeth E	Robinette		EAST		
1		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	1 SECURITY NO. 5-6157	Mr. Ronald	ADDRESS Imes, Hanover		n .		
		18 CAUSE OF DEATH (Enler only PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gove rise to immediate cause (a), stating the	ec.	PPROXIMATE INTERVAL WEEN ONSET AND DEATH TO THE PROXIMATE INTERVAL TO THE						
ı		cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO								
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	DN WAS PERFORMED		Ob. IF YES, WERE F N CERTIFYING CA YES			
1	1.0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT	H DAY YEAR		RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PA	R1 ?}		
l	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE FARM ETC.)	211 LOCATION STREET	(ITY OR TOWN	COUN	TATE STATE		
		270 I certify that (1) this haspite saw the deceosed of the on- obové, (1) (w)e) (did) (did no), 27b. SIGNA	11-22	19 59 0	nd that in (my) (aur) opinion DEGREE	, 10	and hour and from	that (I) we) lost m the causes stated DATE SIGNED		
		Cosole	bus ple h	ellien	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	_ 2	3 2m89		
		DR. TERRY WILL			MEMORIAL HOSI CUMBERLAND		CAL BUILD 21502	ING		
1		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION				
	B	urial	11-25-1984	Davis	Mem.Cemetery	Cumberlan	d, Alleg	any, Md.		

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR NAME James F. Scarpelli Cumberland, Md. 21502



physician and completely filled in by papers. Pages 1 and 2 should be filled.

1	1	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CASED NAME Clizabet	·h	lton		NKINS	20. DATE OF DEATH	17 - 8	YEAR	12 NOO1
1	1 58)	Female	White		S DATE OF MONTH		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	
	CC	RTHPLACE (STATE OR FOREIGN) OUNTRY) Aryland		SA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF Allege		e DEATH unty	MD.
1		ostburg		H FACILITY, GIVE STREET		e Nursing H	128. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR	F WORKING LIFE)	IZE KIND I INDUSTRY HO	
	13a S	Maryland Alle	gany	Frostbu	N	YES NO	ME	in St.	/215	3 2
1		William		eman		Margare		McFa	rlan	ď
		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE Y	(ED FORCES? WAR OR DATES)	213 24	6340	Wilton You	ang Cumbe	erland	, MD	
,	NOI	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G								(a)
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
1		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IN EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCURR	RED JENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	21R PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OF TO	MM	COUNTY	STATE
		22e I certify that (I) (this haspite saw the deceased alive an abave. (I) (westable) (did not) 22b. SIGNATURE	view the bady	4 , 198			, to	FF		that (I) (we) last causes stated
	23a B	22d. PHYSICIAN'S NAME ITYPE OR URIAL, CREMATION, REMOVAL PECEFY	23h. DATE			22e ADDRESS EMETERY OF CREMATORY	23d LOCATION CHYOR TOWN	60	XTI es	e s'MD

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re

Burial | 11/20/ 14 FUNERAL DIRECTOR | NAME | John J. Hafer, Jr.

LaVale, MD

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

Prostburg Villege Nureing B. Housewiff Home Seeral and Allegany Prostburg x washing basigness

18/20/54 Tendential Tendential Miles

completely filled in by the funeral direct

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical

not be notified at once

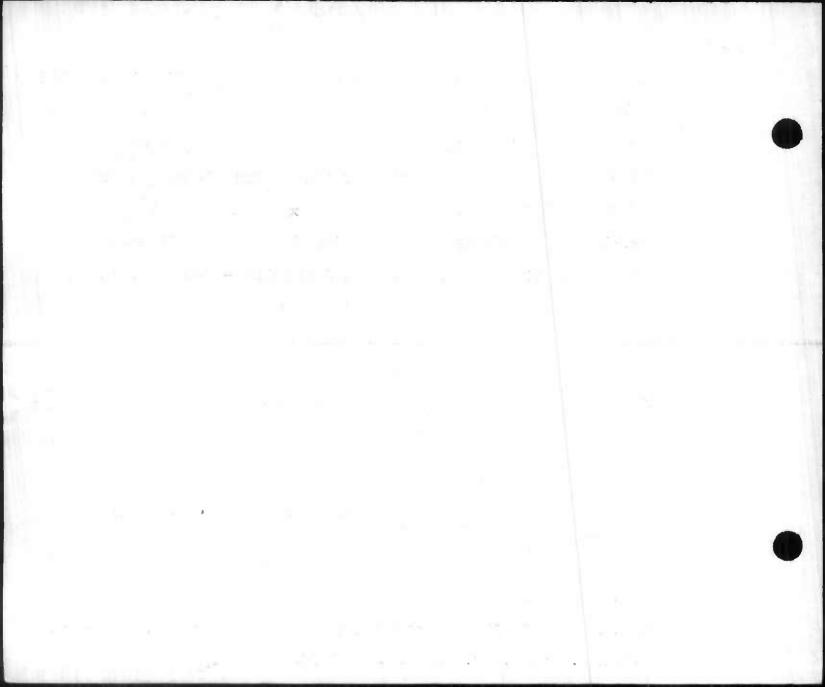
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EG.NO. 28905 89

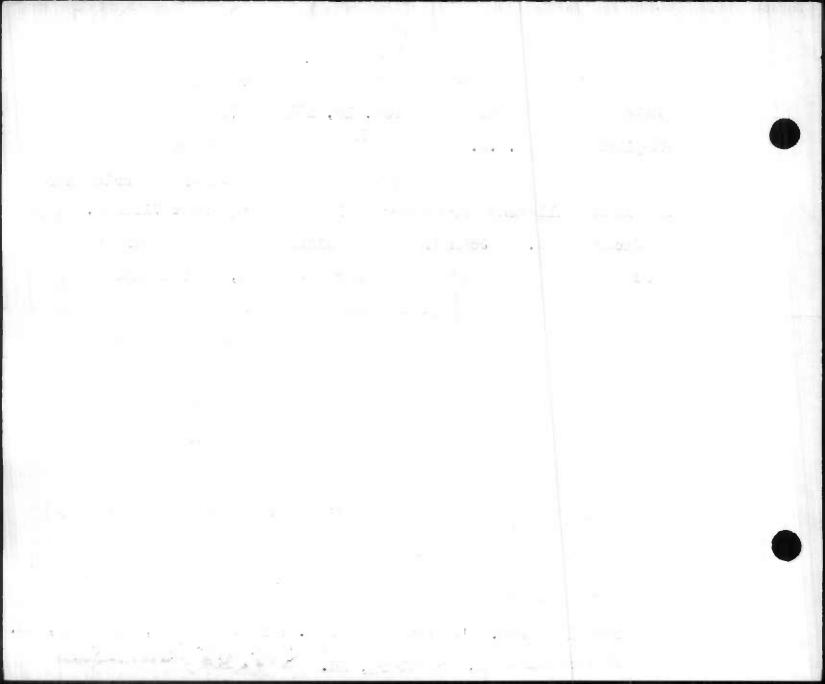
	REGISTRAR					CERTIFICATE OF DEATH				RE	G. NO.	0 /	100		
		EASED NAME	FIRST MIDDLE			-	LAST			20 DATE OF DEAT	н момтн	DAY	YE AR	2b. HOU	IR
	(TYPE	OR PRINT)	Fran	k	Ρ			Johns			11	14	84	3:25	
	3. SEX		4 RACE			5.	5. DATE OF BIRTH 9 29 04			6 AGE (IN YEARS LA	ST BIRTHDAY)	MONT	HS DAYS	IF UNDER	24 HRS
1/		Male		White						80 yrs.					
6	70, BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY COUNTRY)					A	MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH					
1	PA			United States			WIDOWED DIVORCED			Allegany County MD.					
1		TY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSIN			ADDRESS)			126 USUAL OCCU	OST OF WORKIN		126. KIND O	F BUSINE	SSOR
/	Frostburg			Frostburg Commun						Proprietor Inn					
5	13a. S	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. STATE 136. COUNTY 137. CITY OR TOW Allegany Mt. Sava						13d. INSIDE (NO X	Rt. 1 Box 128 21545					
1	14. FATHER'S NAME FIRST MIDDLE LAS					AST	15 MOTHER'S MAIDEN NA			MIDDLE					
	Joseph Johns						Nellie						on		
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-							17. INFORM			DDRESS				
						5-10-1	-1307 Arthur Johns - Same as above								
9		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per D BY: TE CAUSE (o)	line for (o).	161, and ic		Fen	lure				BETWEEN	MATE INTER	DEATH
		Conditions, if ony, which (b) Conference of heart Failure													
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSTQUENCE OF													
		underlying couse last (c) Atyfulin Sum													
	NO	PART 2 OTHER SIGNISCENT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART IN TUBE													
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR V	WHICH OP	ERATIO	N WAS PERFO	DRMED	200 AUTOPSY?			ERE FINDING CAUSES		
	RTIFI									YES NO		YES []	NO [
0		210. ACCIDENT WAS UNI		216 TIME C HOUR A.	OF INJURY M. MONT	H DAY	YEAR	21c. HOW I	JURY OCCURR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I	OR PART 2)		
7	ICA	(# EITHER NOTHY MEDI			Μ.		19	211 100 171	011						
	MEDICAL	WHILE TO NOT WE	HILE	21e PLACE (AT HOME STI	OF INJURY	OFFICE FARM	ETC)	211 LOCATI		CITY	OR TOWN		COUNTY	5	STATE
		270 Leastifu that (I)		tal) attended th	e deceared	team		1110	10 87 (10	1114	10	8	that (1) /	we) lost
		220 certify that (1) (this hospital) attended the deceased from 19 4 to 19 4 that (1) (we) lost saw the deceased alive on obove, (1) (we) follow the body after death.													
		27b SIGNATURE	did no) view the body	offer deoth.		[DEGREE			-		22c DATE	SIGNED	_
1			~			ATTENDING PHYSICIAN []	MEDICAL DIRECTOR PH	STAFF HYSICIAN []		11/1	578	4			
7		224 PHYSICIAN'S NAME (TYPE OR PRINT)						22e ADDRE	SS					1	
		S. Lal Sandhir, M.D.					48 Tarn Terrace Frostburg, MD 21532								
		URIAL, CREMATION,	4		23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE								STATE		
	Burial 11/17/84 Cook Cemetery Wellersburg, Somerset											set	, PA		
	24 FU	INERAL DIRECTOR			ADI	DRESS				E REC'D. BY REGIST	RAR 251 REC	1.		URE	10
		John J	J. Ha	afer, J	r.	LaVa.	le,	MD 2	1504(0)	/ 1 9 19 84	1 Tuna	NUM	(dson-1	Parlings	Plane .

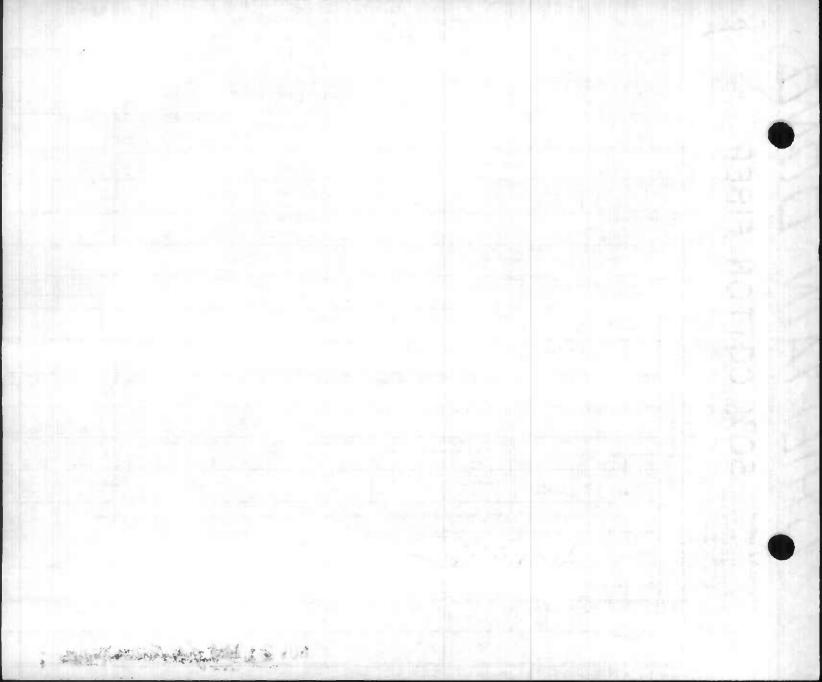
DHMH - 16 50M 4/83 (VRA 15, 4)



DHMH - 16 50M 4/83 (VRA 15, 4)

Durst Funeral Home, Frostburg, Md.



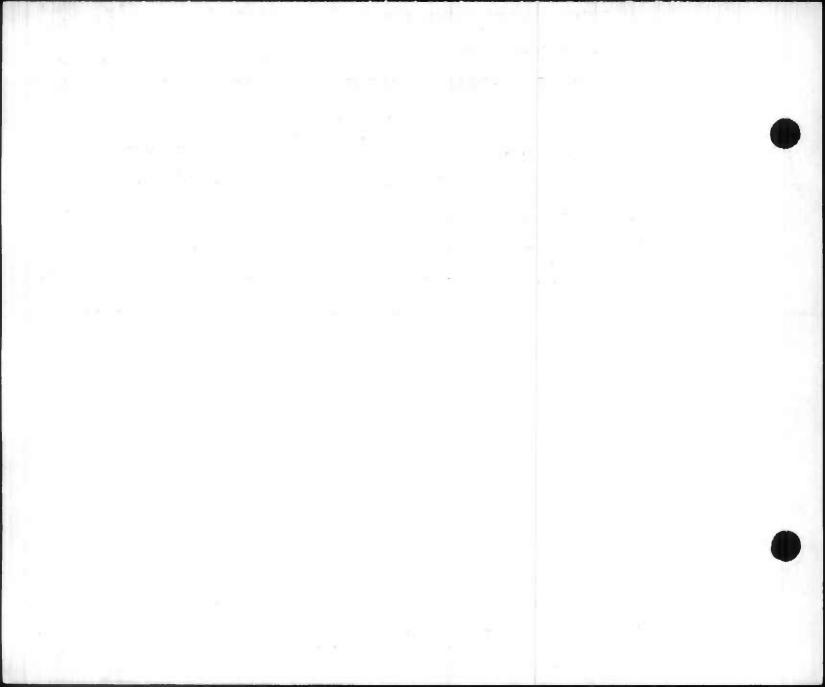


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and came should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

0	1-	FOR STATE 202 GREEN	JIKLLI	MENT OF HE	ALTH AND MENTAL HYO	TENE CONTENT	0 7 9	9
-		REGISTRAR CUMBERLAN CEASED NAME FIRST OR PRINTI	ID, MD 21502	LA		REG. NO.	INTH DAY YEAR	2b HOUR
	TITTE	EVERETT	WILLIS	JUST	ICE	NOVEMBER 7.	1984	9:26 PM
	3. SE)		4 RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHD)		IF UNDER 24 HRS
110	Mo	rle.	White	April	24,1925 YEAR	59	YRS MONINS DAYS	HOURS MIN.
Uh	7a. BIF		76. CITIZEN OF WHAT COUNTRY	? 8	XX NEVER MARRIED	BALTIMORE CITY OR C		
20			U.S.A.	WIDOWED		ALLEGANY	COLINITY	MD.
1			 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 	ET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUSTRY	
1		IMPORTAND	SACRED HEART H			Civil Servic	le-u.g. 600	ernment
6	13a. S	aruland Allec	TY 13c, CITY OR TO	WN I	134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZI	rode Knolls Ax	ts/21502
110		THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	- 14	IST
10		Alonzo	- Justi		Etta	J.	Ca	VVI.
		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRESS		
		Yes W.W.		4767	ANgela Justic	ce-ADdress sa		
eni, m		PART 1. DEATH WAS CAUSED	y ane cause per line far (a), (b) a D BY: E CAUSE (a)	roli	at Arres	+	APPRO BETWEEN	MATERIAL DEATH
r other froumonic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	certe	mocerd	lial Infarci	tion FC	fys
ny injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO				ON GIVEN IN PART 1	
	RTIFIC					YES NOX	VES	
4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	HITEM 18 PART (OR PART 2)	
2	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
SI 13		27a I certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	al) attended the deceased from	pr /	that in (my) (aur) apinian o			that (I) (we) last causes stated
E II		226. SIGNATURE	Rind	0	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ \ \ \ \ \	uggy
WPOKIANI:		22d PHYSICIAN'S NAME (TYPE OF	GLe O		PMG-912 S	ETON DRIVE (CUMBERLAND	MD 21502
5	23a. B	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
.	B	wrial UNERAL DIRECTOR GEORGE			y's Cemetery	Cumberland-		CoMd.
	0	WITCH DIRECTOR LOCKEDO	I transfer to the late of the second		2. P.A. 1250 DATI		REGISTRAR'S SIGNA	

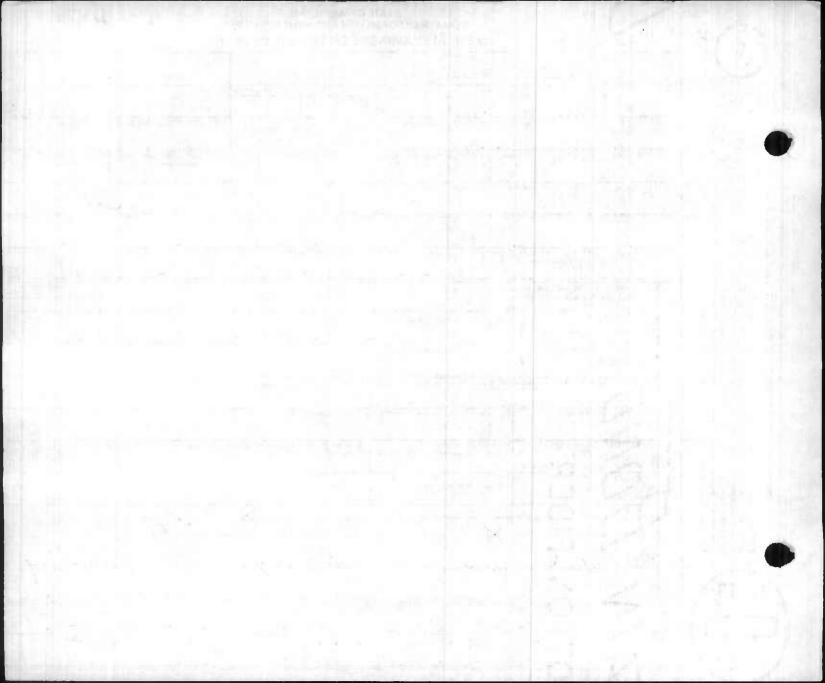


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DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAURYGIENE 20 DATE KNOWN EX MONTH 26 HOUR 11-25 19 84 2d HOUR 11-25 1984 9. BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Car Dealer Fulton Stree Henru Jean Collins Kalbaugh-Address same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden years 20 AUTOPSY? YES | NO DE 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and in my opinion ADDRESS Memorial Hospital-Cumberland. Zion Memorial Cemetery Cumberland-Allegany Co-Md. 11-28-84 Burial 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S AND THE STATE OF THE STA 202 Greene Street-Cumberland, Maryland 21502



ond completely filled in by the funeral director oges 1 and 2 should be filed within 72 hours of

	STATE OF MARYLAND				
FOR	DEPARTMENT OF HEALTH AND MENTAL H				
PEGISTRAR	CERTIFICATE OF DEATH				

YOHENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	NO.		
1. DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
JI THE ORPHINT	Anna		M	K	(asecamp	11/07/	84		10:35pa
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST &		F UNDER I YEAR	IF UNDER 24 HRS
femal	е	wh	ite	MONTH	2/14/03 YEAR	81	YRS.	UNITS DATS	HOURS MIN.
70 BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Marylar	ıd	U.S.	A .	WIDOWE		Allegan	v CO		MD
10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	ION		OF BUSINESS OR
Frostb	urg, Md				nity Hopsital	Cook	Re	staur	ant
USUAL RESIDENCE	IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
Marylar	d All	egany	Frostb		YESX NO 🗌	110 C	enter	St.,	21532
14 FATHER'S NAME		WIDOLE	LAST		15. MOTHER'S MAIDEN NA		-	145	51
Dent	on		asecamp		Nora	AMIDDLE		ouse '	"
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU		17. INFORMANT				conga D
No	WNI JIF 1ES, GI	VE WAR OR DATES!	216	01 88	46 Mrs. Wand	da Chabpt	, Belt		
18 CAUSE OF PART I. DE	ATH WAS CAUSE	nly one cause per D BY: TE CAUSE (0)	Meyor (a), (b), on	dic.	arrest			APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
		DUE TO, O	RAS A CONSEQUI	Je 1	That Fair	lure EM	i tral	Hen	PSIS
	RSIGNIFICANT	CONDITIONS CO	MLCC	DEATH BLA	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 11	0.
NO DATE OF C	OPERATION	196 COND	ÍTION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING CAUSES	
	WAS UNDERLYING CAUSE OF DE.	AIR	OF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
OR CONTRIBUTION JIF EITHER NOT 21d IN JURY O	CCURRED	21e. PLACE	OF INJURY		THE LOCATION				
WHILE AT WORK	NOT WHILE	JAT HOME, ST	REET FACTORY, OFFICE, F	ARM ETC)	ZIMIET	CITY OR T	OWN	COUNTY	STATE
220.1 certify t	that (1) (this hosp	toly trynded th	ne deceased from	05	25	= 10/VOV		19	that (II (we) lost
sow the c	(we) (did) (did no	/ Way the bady	Aug about	4.	nd that in (my (pur) opinion	death occurred on the	dote and hour	ond from the	causes stated
226. SIGNATU	reldy	un	IN)	les	ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN []	22¢ DATE	SIGNED
22d. PHYSICH	N'S NAME VYPE	OR PRINT)			22e ADDRESS				
Dr	. c. Oh	1			48 Tarn To	errace, Frs	otburg	, mD	
230 BURIAL, CREMA		23b DATE	0181 2301	OST. h	EMETERY OR CREMATORY	23d LOCATION	urg.	Alleg	any , IAIM

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WEORTANT If hem 21 is marked or hem 18 shows ony injury, or other troumatic event, the medical

Burlal

24 FUNERAL DIRECTOR

Frostburg. Durst Funeral Home.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

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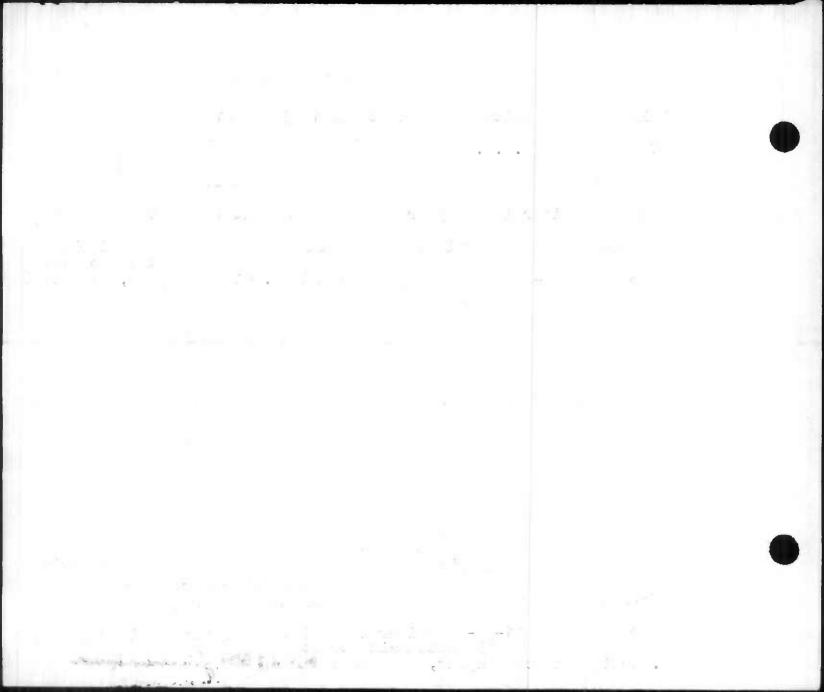
1		STATE REGISTRAR			0.1	C	ERTIFI	CATE OF DEATH	01	REG.	NO.				
ł		EASED NAME	FIRST	A	AIDDLE		{A	ST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	
ı	(TYPE C	OR PRINT)	GUY		EDWAR	D	K	IMBLE		November	17,	1984		9:40) A
ı	3. SEX		4.	RACE	1	5.	DATEO			6. AGE (IN YEARS LAST I	BRIHDAY)	IF UNDI	ER TYEAR DAYS	IF UNDER	24 HRS
ı	Ma	ale		White		S	ept	22 190		81	YR:	S.	JAN 3		100
1		THPLACE (STATE O	R FOREIGN 75	CITIZEN OF	WHAT COU	A AT DVO B		NEVER MARRIED	, [9 BALTIMORE CITY	OR COUN	NTY OF DE	HTA		
	W	QUNTRY)		U.S.A	•	1	DOWE		1	Alle	gany				MD.
2		y or town of de Cumberlar		(IF NOT IN SUC	OSPITAL, N MFACILITY, GIVI NOTIAL	E STREET ADDI	RESS1	R OTHER INSTITUTION	7	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Retire	OF WORKIN		KIND OF DUSTRY ABL	BUSINE	SSOR
1	13a ST	L RESIDENCE (IF NU	rsing ME OR OI COUNTY	Y	13c CITY O		AISSION)	13d INSIDE CITY LIMI YES NO		13e STREET ADDRESS	77.77	DDE 180	99	144	4
r	W FAT	THER'S NAME FIRST	MIM	DDLE	LA	AST		15. MOTHER'S MAIDE	NAN	AE MIDDLE			LAST		
7		Wesley	74510	DOTE.		ble		Relz	a			I	Kimb	le	
2		AS DECEASED EVE		ED FORCES?	166 SOCIA	L SECURIT	Y NO.	17 INFORMANT		ADD	RESS Rt	: 1	Box	18	0
1	(16	NO OR UNKNOWN)	(# 125, 01424	van on vares;	236-4	2-031	.8	Tressie	E.	Kimble	Keys	er.	WV	26	726
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY:	MAL	(b), and (c)	VAI	NTLY	IM	PHOMA	}		APPROXIM BETWEEN O	nate inter NSET AND	DE ATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)						ound	1/	(und	٠. ١				
	NO	PART 2 OTHER SIG	H D	ONDITIONS CO	ONTRIBUTIN	NG TO DEA	TH BUT	NOT RELATED TO THE	1ERMI	, CING	NOILION	GIVEN IN	PART I	ail	un
2	CERTIFICATION	194. DATE OF OPER	ATION:	IN COND	TION FOR V	wнitнов	ERATION	N WAS PERFORMED		YES [] NO[X		YES, WER RTIFYING YES []			147
1		ON CONTRIBUTING [CAUTE OF DEATH	HOUR A	M. MONT	TH DAY	YEAR 19	214. HOW INJURY O	CCURR	ED (participation or in	age in this	IN PART 1 DE	Fiet in		
	MEDICAL	THE INJURY OCCU		Tie, PLACE	OF INJURY	OFFICE FARM	rici	ZII LOCATION		CHIO	SCHOOL	.00	DUPLEY	i	táli .
		No.1 certify that says the deces	Psophis Noupito aund after and (did) (plid not)					d that in imy (our) or	110 5 5 5	South accurred on the	date and	19_ how and		faut (1) (v ouver sto	
		TTE SIGNATURE	de	Tel	U	_		ATTEND PHYSIC	ING [Z	MEDICAL 51	AFF SICIAN []	7	//- //	7-8"	4
Ī	1 1	THE PHYSICIAN'S	NAME (YAKON)	re ner i				TIE ADDRESS Men	mori	lal Hospit	al Me	dica	1 Bui	lldi	ng
		Dr Amac	lo Torre	és				The second secon		oital, Cum					-
		URIAL, CREMATION	N, REMOVAL	23h DATE		Zic NA	WE OF C	EMETERY OR CREMAT		236 LOCATION CITY OF TOWN		cou			itald
	(3	Burial		11-2	0-84	Min	era	1 Baptis	t	Kevser		Mine			WW

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

urial | 11-20-84 | Mineral Baptist | Keyser | Mineral Baptist | Mi



Page 4 may be

executed within 24 hours offer

deoth certificate be

OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE

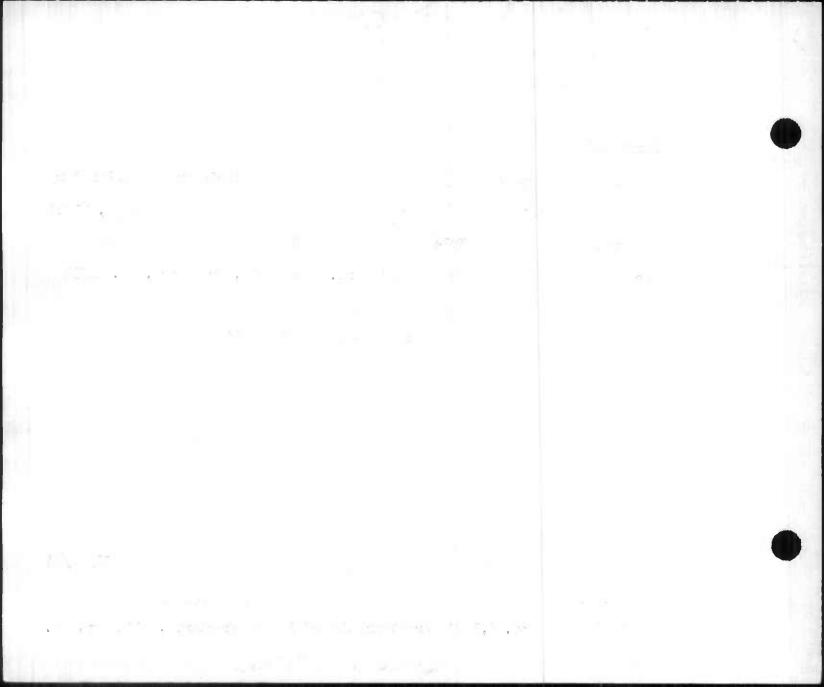
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dia.	0		

REGISTRAR			CERTIFICATE OF DI	MIN	PEG NO	2		
1. DECEASED NAME	FIRST	MIDDLE	LAST	20			AY YEAR	26 HOUR
(TYPE OR PRINT)	Edward	S k	(vle		11/23/84			6.1500
3 SEX	4. RACE	5.	5 DATE OF BIRTH		11/23/84 6 AGE (INVEARS LAST BRITHDAY) 45 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH Allegany 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) Banderson ADDRESS Kyle, Frostburg, Md. 21532 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YES NOW YES NO DEATH OUT 23 19 84 that (It (we) lost on death occurred on the date and hour and from the couses stated MEDICAL STAFF DIRECTOR MD			
Male	Wh	ite	8/ 17/	39	45		ONIHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OF		OF WHAT COUNTRY?	8.	9			OF DEATH	
Maryl and	Un	ited State	MARRIED NEVER M	ORCED	Allega	nv		1M
ID. CITY OR TOWN OF DE	ATH 11. NAME C	F HOSPITAL, NURSING	G HOME OR OTHER INSTI	TUTION 12	USUAL OCCUPATI	ON		
Frostbrug		SUCH FACILITY, GIVE STREET A	nity Hospita					atory
USUAL RESIDENCE (# NUE		ON, GIVE RESIDENCE BEFORE	ADMISSION)		- STREET ADDRESS	/ TIR CODE	1	
aryland	Allegany	Frostbu		NO []			rcle.	21532
4 FATHER'S NAME		LAST		MAIDEN NAME		000		
George	WIDDLE	Kyle	M	abel	WIDDLE	And		,1
60 WAS DECEASED EVE	R IN U.S. ARMED FORCES		RITY NO. 17 INFORMAN	NT.	ADDRE	SS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES		5187 Mrs. 1	Mabel Ky	le, Frost	burg,	Md. 21	532
PART I. DEATH	WAS CAUSED BY IMMEDIATE CAUSE (o).			ILURE			500.00	
UPPEI	R GASTROEM	TESTINAL NOTION FOR WHICH	BLEGDING OPERATION WAS PERFOR	DUE	280 PH 200 AUTOPSYD YES NO X	A G. E/A 20b IF YES IN CERTIFY	, WERE FINDING CAUSES	ARICES NGS USED OF DEATH?
OR CONTRACTOR	L 110110	E OF INJURY A.M. MONTH DA		URY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART (OR PART ?)	
OR CONTRIBUTING		P.M.	19 211 LOCATIO	NI				
216 INJURY OCCUI	LAT HOME	CE OF INJURY STREET, FACTORY OFFICE FA			CITY OR TO	WN	COUNTY	
1 AT 141 CON 1 AT 141	22a certify that (I) (this hospital) attended the deceased from NOV. 1984. to NOV. 23, 1984, that (I) (we) lost saw the deceased alive an 11/22 1984, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.							STATE
22a I certify that (saw the decea above, (I) (we)	l) (this hospital) attended	22 19 8	, and that in (my) (, 19 <u>84</u> our) opinion dec	to	23 ate and hour	and from the	that (I) (we) los couses stated
22a I certify that (l) (this hospital) attended	22 19 8	DEGREE	ITENDING	MEDICAL _ STA	FF	and from the	that (I) (we) los couses stated SIGNED
22a certify that (sow the decea above, (I) (we)	() (this hospital) attended sed alive on (did) (did not) view the back	22 19 8	DEGREE	ITENDING HYSICIAN	MEDICAL _ STA	FF	and from the	that (I) (we) los couses stated SIGNED
22a certify that (sow the deceo obove, (1) (we) 22b. SIGNATURE	(did) (this hospital) attended sed alive an the book (did) (did not) view the book (did) (did) (did not) view the book (did) (22 19 8	DEGREE M D A	ITENDING HYSICIAN (1)	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	and from the	that (I) (we) los couses stated SIGNED
22a I certify that (sow the deceo above, (1) (we) 22b. SIGNATURE 22d. PHYSICIAN'S N Dr. S 23a BURIAL, CREMATION	(did) (this hospital) attended sed alive an	2 2 dy olter death.	DEGREE M D A	ITENDING HYSICIAN DE	MEDICAL STA DIRECTOR PHYSIC POSTBURG 1234 LOCATION	FF CIAN []	and from the	that (I) (we) los couses stated SIGNED
22a Lertify that (saw the deceo above, (1) (we) 27b. SIGNATURE	(did) (did not) view the botal AME (TYPE OR PRINT) Chang I, REMOVAL 23b. DATE	2 2 dy olter death.	DEGREE A 22 ADDRESS AME OF CEMETERY OR C	TTENDING HYSICIAN DE I	MEDICAL STA DIRECTOR PHYSIC POSTBURG REGION TO STANDING REGION TO STANDING REGION TO STANDING MEDICAL STANDING MED	MD	22t. DATE	that (I) (we) los couses stated SIGNED 23/84
22a I certify that (sow the deceo obove, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S N Dr. S 23a BURIAL, CREMATION	(did) (did not) view the botal AME (TYPE OR PRINT) Chang I, REMOVAL 23b. DATE	2 2 dy olter death.	DEGREE A 22 ADDRESS AME OF CEMETERY OR C	TENDING HYSICIAN D	medical standinector Physic rostburg 23d Location Giver town k Frostbu	MD MD 25b. REGISTI	22c. DATE 11/	that (I) (we) los couses stated SIGNED 23/84

Frostburg, NX MD

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



AB		1
ORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	require that the death certificate be executed with a 24 hours after death. Page 4 may be	nent signed by the attending physician and canademy. Herein by the luminal director, page 2

STATE OF MARYLAND FOR - STATE CEDTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0	7	1	- 1
100	-			

	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO		
		RST MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE	JOS	/ce L		Kyle	11/17/84		9:34a
3 SE	х	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS
	female	white	6/	01/ 36	48	rRS.	mouns min
	RTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF WHA	T COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
-	West Virgin	nia IISA	WIDOWE		Allegany Co		
10 CI	ITY OR TOWN OF DEATH		ITAL, NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND C	F BUSINESS O
F	rostburg, Mo		g Community	Hospital	Homemaken	OWN	Home
USU	AL RESIDENCE (IF NURSING)	OME OF OTHER INSTITUTION GIVE F		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	
			Frostburg	YESX NO	21 Dogwood Ci	rcle, 21	532
14. FJ	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA		LA!	
	Harry		ller	Catheri		Riley	,,
	WAS DECEASED EVER IN L		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
	No.	23	3-58-3154	Edward S.	Kyle, Frosti	ourg, Md	•
	18. CAUSE OF DEATH (E	nter only one couse per line t			OMA	APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY:	EDATOREN		URF		
	INV		7		. 1		
	Canditians, if any, wh		OVANCED	LIVER (ZIRRHORIS		
	gave rise to immedi	ate		71001			
	couse (a), stating underlying cause li	the DUE TO, OR AS	a consequence of			i	
		(c)					
NO	PART 2 OTHER SIGNIFIC	SOP HAGEAC	· VARIO				
170	190 DATE OF OPERATION	GASTROLNT	FOR WHICH OPERATIO		200 AUTOPSY? 20h	IF YES, WERE FINDI	ATHY
NC.	140 DATE OF OPERATION	198 CONDITION	I FOR WHICH OPERATIO	N WAS PERFORMED	IN C	CERTIFYING CAUSES	OF DEATH?
CERTIFICAT			1100	Tal House and account	YES NO	YES [NO 🗌
	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	LIGUID A M	MONTH DAY YEAR	THOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M IS PART I OR PART ?)	
MEDICAL	(IF EITHER NOTIFY MEDICALE	XAMINER) P.M.	19				
VED!	21d. INJURY OCCURRED	21e PLACE OF IN	JURY ACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
~	WHILE AT WORK AT WORK			,			
	220 I certify that (I) (this	s haspital) attended the dec	eased fram	16 19 8	4. to 11/17	19 80	that (we) la
	saw the deceased a	live an	death 19 8 7 , or	d that in (my) (aur) apinion	death occurred an the date an	d have and from the	causes stated
	226. SIGNATURE	0 0 1		DEGREE		22c DATE	SIGNED
		S). Ch	au of	1-0 ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN [7 17/	19/8
	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	8	Me ADDRESS			1
	Dr. S.	Chang		Broadway	Frostburg, MD	21532	,
23o. F	BURIAL CREMATION REM		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	C1111C	
(Burial				ark Frostbur	g, Alleg	anystatel
	UNERAL DIRECTOR	1 20 1 4 20			TE REC'D. BY REGISTRAR 256. R		
	NAME						
		neral Home, F	most barre. M	1. 27532 MA	100 mm		

DHMH - 16 50M 4/83 (VRA 15, 4)

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listics requires that the death certificate be executed within 24 hours after death. Page 4 may be	is the second by the otherding physicion and completely lilled in by the funeral second pages 1 and 2 should be fined within 72.
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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGYENE

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Ī	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.				
İ	I. DECEASED NAME FIRST	WIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 49		
Ì	(TYPE OR PRINT) HAZEL	IRENE	LAR	GENT	November 1	3, 1984	ŀ	p. M		
ľ	1 SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
I	Female	White		. 31, 1910	73	YRS	VINS DATS	HOURS MIN.		
4	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH			
k	Virginia	U.S.A.	WIDOWE		Allegany			MD.		
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF MOST OF HOUSEKEEP	E WORKING LIFE)	126 KIND OF	F BUSINESS OR		
4	Cumberland	Memorial Hospit			nousekeep	C1				
	13a STATE 13b COL		/N	13d Inside City Limits? YES 🛣 NO 🗌	114 South	ZIP CODE Street	21	502		
T	14. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			146			
	James	Arthur Burne	er	FIRSTOTTO	Mae		LAS	Smoot		
T	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS- Cto	0.7			
	No	214-07-1	153	Allan R. Larg	gent - 114 30	with Stran	io M.	21502		
ľ	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), an	id to				APPROXIE BETWEEN C	MATE INTERVAL		
ı	PART I. DEATH WAS CAUS	ATE CAUSE (0) CARDIO	6 FD	vic SHOCK	<		4.5 m	INUTES		
ı		DUE TO, OR AS A CONSEQUENCE OF								
I	Canditions, if any, which	(16) MYUC		AL INFAI	RCTION		10 6	tours.		
I	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
ı	underlying cause last									
ı		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1	DIFFU	ISE ATHER		LEROSIS						
1	DIFFO	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII	VERE FINDIN NG CAUSES	OF DEATH?		
1	RII				YES NO	YES [NO 🗌		
1			AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	THIN ITEM IS PART	OR PART.			
	I IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19							
1	OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
ı	AT WORK NOT WHILE AT WORK						-			
1		pital) attended the deceased from_	11-	19 0	10 11-1	. 19	34	that (I) we) lost		
1	saw the deceased alive a above (1) Ove) (did (did r			nd that in my (our) opinion d	leath occurred on the do	ite and hour a				
I	22b. SIGNATURE	. P		DEGREE ATTENDING	MEDICAL STAR	· F	22c DATE S	SIGNED		
1	Nuc	lain Olim	^	PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	14/1	3/84		
ı	22d. PHYSICIAN'S NAME (TYPE			Memorial	Hospital M	edica1	Build	ing		
	Dr. William I			Cumberlar	nd, MD 2150	2				
	23a BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE		
1	Durlar	Nov 17,1984 St				d Alle	gany M	aryland		
	24 FUNERAL DIRECTOR	ADDRESS 4	04 Dec	acul of	REC'D. BY REGISTRAM	MA REGISTRA	RS DONAL	-		
	Silcox-merritt F	uneral Service. Co	mb, mc	1 21502	A 1000 300	A PROPERTY OF	in all	7		

DHMH - 16 50M 4/83 (VRA 15, 4)

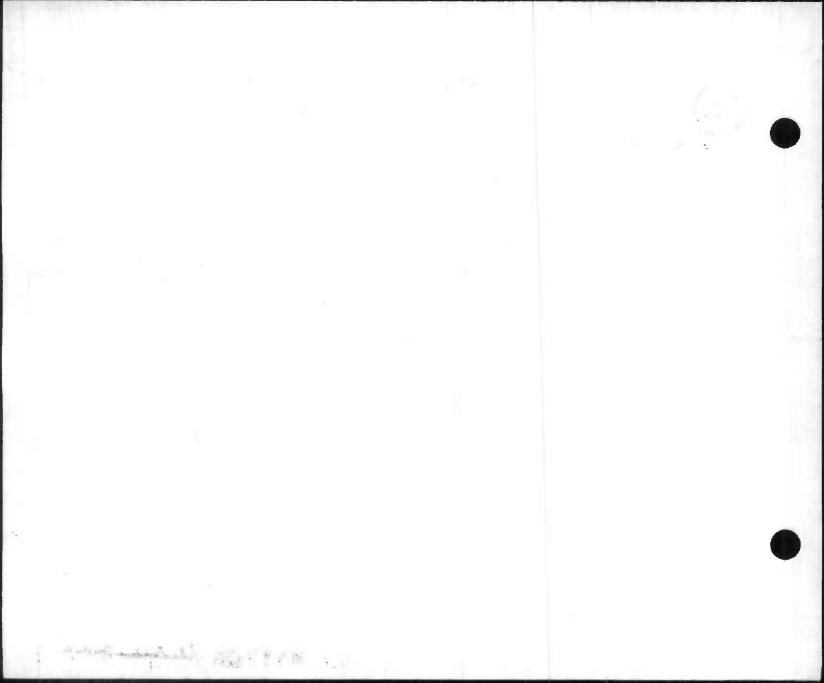
should be detached for men

IMPORTANT: If them 21 is

TO HOSPITAL OR ATTENDING

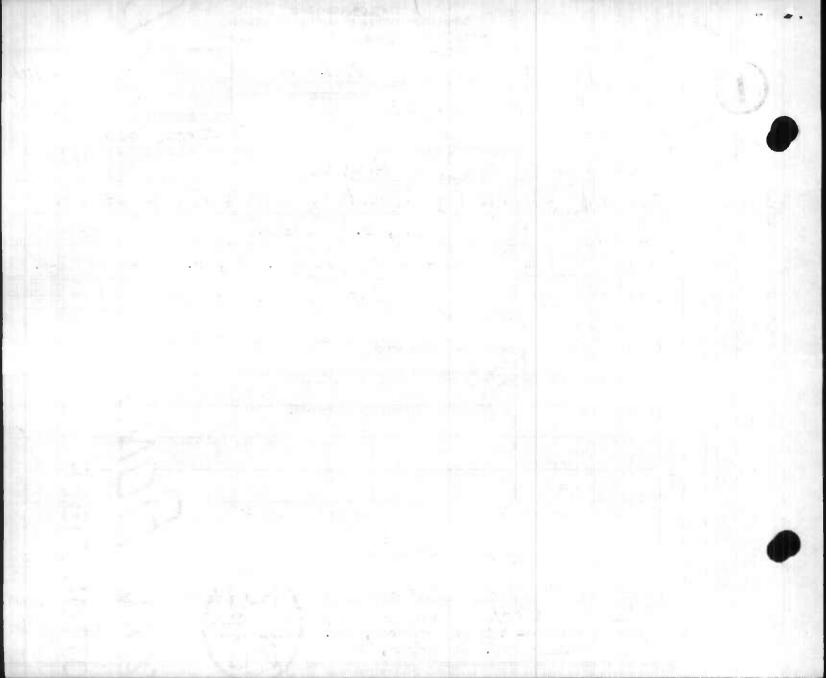
etained by the hospital an TO FUNERAL DIRECTOR

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20M 4/82

STATE OF MARYLAND



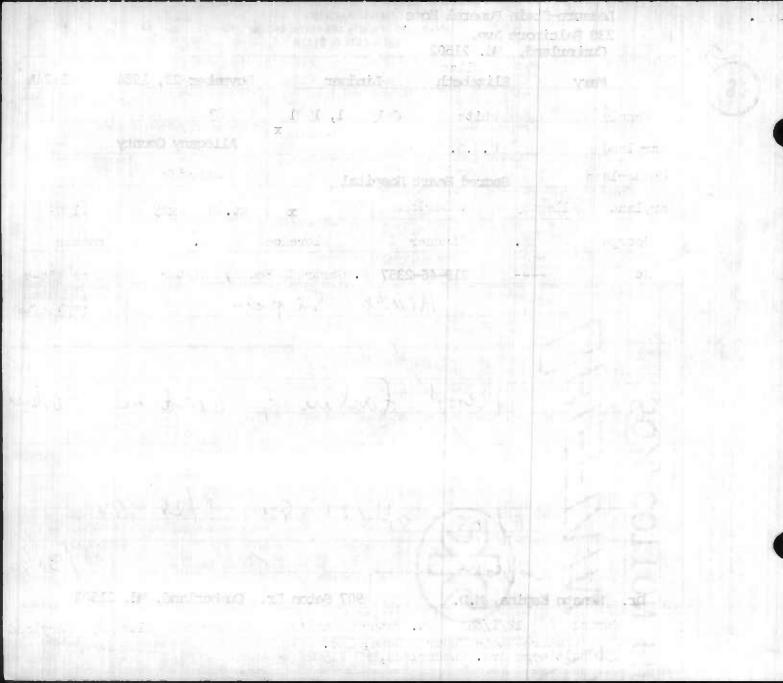
	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	28916
		CEASED NAME FIRST HAZE	EL ELIZABETH	LINDEMAN	20 DATE OF DEATH	11 05 84 5:171
	3. SEX	EMALE	4.RACE White	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DATS HOURS YRS
36	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	
50		IMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPI		120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF TETITED	ON 12b. KIND OF BUSINES: INDUSTRY TEXTILE
36	USUA 13a S	AL RESIDENCE (IF NURSING HOME STATE ARYLAND 13b, COL ALL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS /	AVE/21502
www.	14. FA	Walter W.	Smith LAST	15. MOTHER'S MAIDEN NA/ FIRST Floren	ce E. Gumm	LAST
medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (# YES, O	ARMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 219–03–9		Selma Am Berr	ry, Cumberland, MD-chi
ather traumatic event,		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost	DUE TO, OR AS A CONSEOU (6) DUE TO, OR AS A CONSEOU	ronong anterry	disease	
er traumatíc	FICATION	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (c)	ronong anterry	INAL DISEASE OR CONE	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
m 18 shows ony injury, ar ather traumatic	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2, OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LE	DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 21c HOW INJURY OCCURR	INAL DISEASE OR COND 20a AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YESNO
or Hean 8 shows ony injury, ar ather traumatic	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION	INAL DISEASE OR COND 20a AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 100
If hem 2] is marked or leep, 18 shows ony injury, ar ather traumatic		gove rise to immediate couse (o), stating the underlying cause lost PART 2. OTHER SIGNIFICAN' 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MED	DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH DEATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1)	ENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 , and that in (my) (our) opinion of DEGREE ATTENDING	INAL DISEASE OR COND 20a AUTOPSY? YES NO CONTROL NO C	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO TO THE PART 1 OR PART 2) VIN 11EM 18 PART 1 OR PART 2)
or Hean 8 shows ony injury, ar ather traumatic	MEDICAL	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER, NOTIFY MEDICAL EXAMPLE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Saw the deceosed alive obove. (I) (we) (did) (did)	DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 19 not) view the bady after death.	ENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 19 , and that in (my) (our) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR C11Y OR TOV	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO TO THE PART 1 OR PART 2) VIN 11EM 18 PART 1 OR PART 2)

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REST	dea
<u>~</u> .	of the
201	es th
ORDS,	requir
EC.	30
ITAL	The
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat
VISIO	D PH
ā	TENDING
	ATI
	0
	SPITAL

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	PECEASED NAM	Cumberla AE FIRST		21502 Eliza	4	LAST	20 DATE OF DEATH MONTH	OAY YEAR	26 HOUR
1	TPE OR PRINT)	Mary		zabeth	I	indner	November 28,	1984	01:24
3.5	SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAY	
	Fema.			ite	Jul			rs.	
26 7a	COUNTRY	STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COL		
10.	Marylar CITY OR TOWN		II. NAME OF H	S.A.	WIDOWE	DR OTHER INSTITUTION	Allegany C		OF BUSINESS (
52	Cumber	land	(IF NOT IN SUCH	red Heart	ADDRESS)		TYPE OF WORK FOR MOST OF WORK HOUSEWITE	(ING LIFE) INDUSTR	
130	ual RESIDENCE STATE ary land	E (IF NURSING HOME OF	other institution of the sany	GIVE RESIDENCE BEFORE 13. CITY, OR TOWN CUMBER L	and and	134 INSIDE CITY LIMITS?	Rt. 8 Box2		21502
E 1 1 14.	FATHER'S NAM	1E	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST
Ö	Georg	çe	М.	Lindne		Florence	E.	Br	amble
16a	LYES NO OR UNK	ED EVER IN U.S. AR	MED FORCES? /E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRESS		- 20
e a	No		** at at	219-46-	-2357	F. Gertrude	ockuş sister		as 13a-
# ,#	18 CAUSE (OF DEATH (Enter or DEATH WAS CAUSE	nly one cause per D BY:	line for (a), (b) on	7 mt	e Cem	13-	BETWE	OXIMA INTERVAL IN ONSET AND DEAT
		IMMEDIA	TE CAUSE (a)	1 \	0.0.	, , ,			
raumofic		, if ony, which	DUE TO, OR	R AS A CONSEQUI	ENCE OF				
y, or oth	gave rise cause to underlying PART 2 OT	, if ony, which to immediate i, stoting the cause lost.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEOU	ence of	NOT RELIATED TO THE TERM	IN AL DISEASE CONDITION	N GIVEN IN PART	Tra Fin
As any injury	gave rise cause to underlying PART 2 OT	, if ony, which to immediate i, stoting the cause lost.	DUE TO, OR (b) DUE TO, OR (c) CONDITIO	R AS A CONSEQUE	ENCE OF	INOT SUATED TO THE TERM	20g AUTOPSY Ob.	N GIVEN IN PART A C IF YES, WERE FIN CERTIFYING CAUS YES YES	DINGS USED
18 shows	gove rise couse to underlying PART 2 OT 19a DATE O	, if ony, which to immediate to immediate to immediate to storing the cause lost. HER SIGNIFICANT (DUE TO, OR (b) DUE TO, OR (c) 195 CONDITIONS 215. TIME O	R AS A CONSEQUI	DEATH NUI	DN WAS PERFORMED	20a AUTOPSY 0b.	IF YES, WERE FIN CERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
	gove rise couse to underlying PART 2 OT 19a DATE O	, if ony, which to immediate b, stoting the cause lost. HER SIGNIFICANT of F OPERATION IT WAS UNDERLYING IT WAS UNDERLYING CAUSE OF DE OTHER MEDICAL EXAMINE	DUE TO, OR (b) DUE TO, OR (c) 195 CONDITIO 215 TIME OF HOUR A./ R) P.A	R AS A CONSEQUI	DEATH NUI	ON WAS PERFORMED	20a AUTOPSY 06. IN C	IF YES, WERE FIN CERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
ed or Item 18 shows any injury, or other traumatic in the MEDICAL CERTIFICATION	PART 2 OT 196 DATE O 216. ACCIDEN OR CONTRIBL (16 EIHER N 216. IN JURY) WHILE	, if ony, which to immediate to immediate to immediate to immediate the couse lost. HER SIGNIFICANT (F OPERATION IT WAS UNDERLYING CAUSE OF DE COLLEY MEDICAL EXAMINE COCCURRED	DUE TO, OR (b) DUE TO, OR (c) 195 CONDITION 215 TIME OF HOUR A.A. P.A. 216 PLACE OF	R AS A CONSEQUI	DEATH OPERATION AY YEAR	DN WAS PERFORMED	20a AUTOPSY 06. IN C	IF YES, WERE FIN CERTIFYING CAUS YES []	DINGS USED ES OF DEATH? NO
	PART 2 OT 196 DATE O 1716. ACCIDEN OR CONTRIBL (IF EITHER N 21d. INJURY WHILE ALWOOR	, if ony, which to immediate, stating the cause lost. HER SIGNIFICANT (F OPERATION IT WAS UNDERLYING TO CAUSE OF DE COLURED) NOT WHILE AT WORK	DUE TO, OR (c) DUE TO, OR (c) 196 CONDITIONS 216. TIME OI HOUR A./ P./ 21e PLACE ((AT HOME STRI	TION FOR WHICH FINJURY M. MONTH D M. DEFINJURY OFFICE, I	DEATH OPERATION AY YEAR	DN WAS PERFORMED 216 HOW INJURY OCCURF	200 AUTOPSY 100. YES NO 100 RED (ENTER NATURE OF INJURY IN ITE	FYES, WERE FINITERTIFYING CAUS YES THE PART FOR PART TO	DINGS USED ES OF DEATH?
	PART 2 OT 19a DATE O 19a DATE O 21a. ACCIDEN OR CONTRIBL (IF EITHER N 21d. IN JURY WHIE AT WORK 22a.1 certif- sow th	, if ony, which to immediate to immediate to immediate to immediate the couse lost. HER SIGNIFICANT (F OPERATION IT WAS UNDERLYING CAUSE OF DE COLLEY MEDICAL EXAMINE COCCURRED	DUE TO, OR (b) DUE TO, OR (c) 195 CONDITIO 215. TIME OI HOUR A./ R) 216. PLACE C (AT HOME STRI	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19	DEATH DU DEATH DE DE DEATH DE DE DEATH DE DE DE DE DE DE DE DE DE DEATH DE	DN WAS PERFORMED 216 HOW INJURY OCCURF 211 LOCATION STREET	200 AUTOPSY 100. YES NO 100 RED (ENTER NATURE OF INJURY IN ITE	IF YES, WERE FIN CERTIFYING CAUS YES MIB PART I OR PART (COUNTY	DINGS USED ES OF DEATH? NO :
H Hem 21 is marked or Item 18 shows any injury MEDICAL CERTIFICATION	PART 2 OT 19a DATE O 19a DATE O 21a. ACCIDEN OR CONTRIBL (IF EITHER N 21d. IN JURY WHIE AT WORK 22a.1 certif- sow th	, if ony, which to immediate by stating the cause lost. HER SIGNIFICANT OF THE SIGNIFICA	DUE TO, OR (b) DUE TO, OR (c) 195 CONDITIO 215. TIME OI HOUR A./ R) 216. PLACE C (AT HOME STRI	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19	DEATH BUILDEATH	DN WAS PERFORMED 216 HOW INJURY OCCURP 211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY 100. YES NO 100 RED (ENTER NATURE OF INJURY IN ITE CITY OR JOWN	IF YES, WERE FINITERTIFYING CAUSE SEM IB PART I OF PART 1	DINGS USED ES OF DEATH? NO STATE
ANT: If them 21 is marked or Item 3	PART 2 OT 19a DATE O 19a DATE O 21d. INJURY WHILE ALWORK 22d. Leettift saw the above, 22b. SIGNA	, if ony, which to immediate by stating the cause lost. HER SIGNIFICANT OF THE SIGNIFICA	DUE TO, OR (b) DUE TO, OR (c) 195 CONDITIO 215. TIME OI HOUR A./ R) 216. PLACE C (AT HOME STRI	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19	DEATH BUILDEATH	DN WAS PERFORMED 216 HOW INJURY OCCURP 211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING	280 AUTOPSY 180. YES NO 180. RED (ENTER NATURE OF INJURY IN ITE CITY OR JOWN LO death occurred on the date on	IF YES, WERE FINITERTIFYING CAUSE SEM IB PART I OF PART 1	DINGS USED ES OF DEATH? NO STATE
WPORTANT; If them 21 is marked or them 3	PART 2 OT 196 DATE O 196 DATE O 216. ACCIDEN OR CONTRIBLE (IF EITHER N 226. I Certiff sow th obove, 226. SIGNA	, if ony, which to immediate to immediate to immediate to stoting the cause lost. HER SIGNIFICANT OF THE SI	DUE TO, OR (b) DUE TO, OR (c) 19b CONDITIONS 21b. TIME OI HOUR A./ R) 21e PLACE (AT HOME STRI itol) attended the b) view the body.	TION FOR WHICH FINJURY M. MONTH D OF INJURY BET, FACTORY, OFFICE, alter death	DEATH BUILDEATH	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	280 AUTOPSY 180. YES NO 180. RED (ENTER NATURE OF INJURY IN ITE CITY OR JOWN LO death occurred on the date on	IF YES, WERE FIN CERTIFYING CAUS YES COUNTY 19 19 22c DA	DINGS USED ES OF DEATH? NO STATE that (I) (we) I he causes stated TE SIGNED



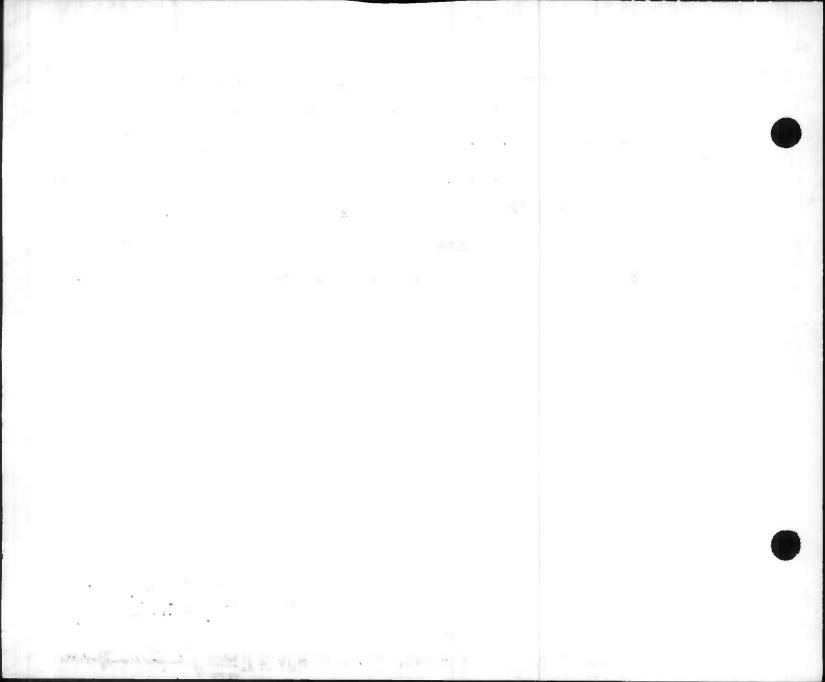
EOD

STATE OF MARYLAND

1 -	STATE			DEPARIA	MENI UF H		IEME .			
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	EIRST	A	AIDDLE	L	AST .	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE	OR PRINT)	NEL1	LIE	MORGAN	LI	LEWELLYN	November 2	21, 19	84	2:50 _{PM}
3. SEX	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IE UNDER I YEAR	IF UNDER 24 HRS
	Female		White		MONTH 3	20 1906	78	YRS	MONTHS DAYS	HOURS MIN.
7a Bil	RTHPLACE STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	Π	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
maryland u.o.a.			WIDOWE	DINEVER MARRIED DIVORCED	Allegany			MD.		
10 CI	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS)					12a. USUAL OCCUPATI			F BUSINESS OR	
	Cumberland Memorial Hospital					Nurse		Hosp	ital	
U5U4	AL RESIDENCE (16 NURS TATE Tyland	13 FOUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 12. CITY OF JOW BATTON		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
Ma.	ryland	ATTE	gany	Barton		YES 📆 NO 🗌		ld.	21521	
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		IAS1	1
	Charles			Morgan		Susan		Timn	еу	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
1	no no	(IF YES, GR	E WAR OR DATES!	216-05-	5870 a	Mrs. Sara	Broadwater	Bar	ton. Md	
	18 CAUSE OF DEAT	H (Enter a)	nly ane cause per					,	APPROXI BETWEEN C	MATE INTERVAL
	PART I. DEATH W	/AS CAUSE	D BY TE CAUSE (a)	Cardi	no le	CADITATO 24	arres	1		
				R AS ACONSEQUE	ENICE OF					
	Conditions, if any,	which	10,0	eve	Q.	COPD	1			
	gave rise to imm	nediate) (5)							
	underlying cause			r as a conseoue	ENCE OF					
	DART 2 OTHER SICE	NIEIC ANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BIST	NOT RELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIV	ENI INI PART 1	
NO	EMCO	161	1 PM L	Cash	2×10		LOWN C	del	LQ	
ATE	190 DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES	, WERE FINDIN	IGS USED
MEDICAL CERTIFICATION							IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
SER	21a. ACCIDENT WAS UNI	DERLYING [21c HOW INJURY OCCURE		RY IN ITEM 18 P	PART I OR PART 2)	
AL	OR CONTRIBUTING		ALIT .	M. MONTH D	AY YEAR					
DIC	114 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION				
ME	WHILE NOT WE	HILE	(AT HOME STR	PEET FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that		ital) attended th	e deceased fram	11 -	-14-1084	- ta [] -	_ 31_	19.811	that (we) last
	saw the decease	ed alive ar	_11 -	2 - 19 5	SCL, ar	nd that in (my) (aur) apınıan (death accurred an the d	ate and hav	r and from the	causes stated
	22b. SIGNATURE	did) (did no	ot) view the body	atter death.		DEGREE			22c DATE	SIGNED
		Shere Herling				ATTENDING PHYSICIAN	DIRECTOR PHYSIC		11/2	1/84
	22d. PHYSICIAN'S N.	AME (TYPE	OR PRINT)			27e ADDRESS Memor	ial Hospita	1 Med	ical Ru	ilding
	Dr. Sahn Nathan The ADDRESS Memorial Hospital Medical Building							LIGING		
	BURIAL, CREMATION,	REMOVAL	11/24	/81. 23c. f		EMETERY OR CREMATORY	23d LOCATION		a sounty Ma	STATE
	Burial		11/24	nt ra	urel	Hill Cemetery	Barton	witeg	any Md	•
	UNERAL DIRECTOR	lana	250	ADDRESS		25s DAT	EREC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNAT	URE
Bo	als Fundra	1 Ser	vice We	esternpor	t, M	d. 21562NOV	2 8 MM gu	indus	lan-Tony	ARIS .

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

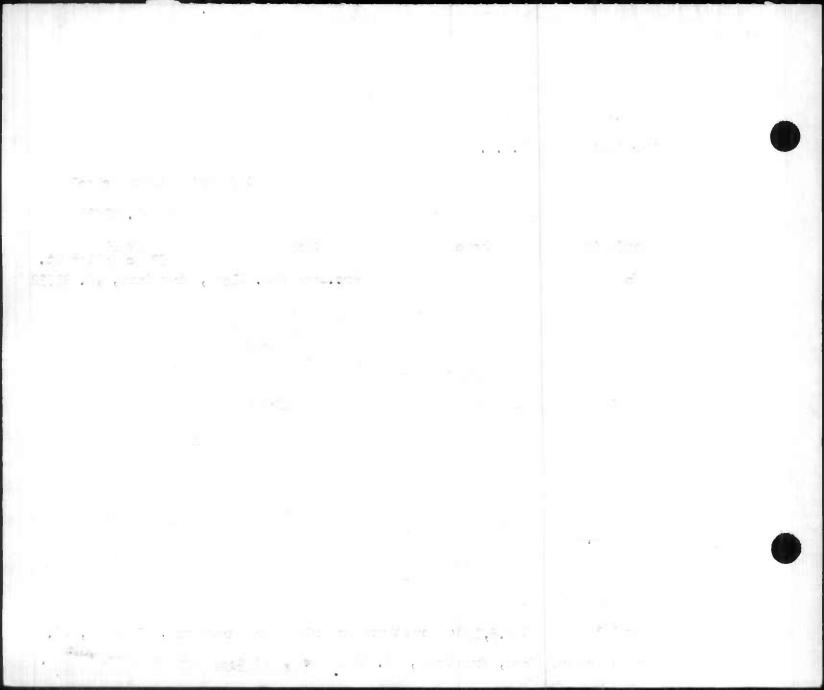
STATE OF MARYLAND

92	a.	9	8	9	- 1
GIENE		Bian.			-

T. DECEASED NAME IT DECEASED				EALTH AND MENTAL HYG ICATE OF DEATH				FOR STATE REGISTRAR	1 -
Eleanor J Lloyd 11/02/84 3. SEX Female	2b. HOUR			AST	DLE	MIDD	E FIRST		1. DEC
The service of the control of the co			11/02/9/	ovd	.1 1.7	or			
Frostburg (District Representation of Stark Representa	B:45a	ADAVI IF LINDER 1 YEAR					Lieai	CEV	2 051
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18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	M. 2153	rost.hmg. M	. Lloyd. Fros	Mr. Doneld	216 22 5832	VE WAR OR DATES)	OWN) (IF YES GI	LAEZ HO OR UNKNOW	[1
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OR CONTRIBUTING CAUSE OF DEATH OUR A.M NOTIFIED AT TEAK IF EITHER NOTIFY MEDICAL EXAMINER]		206 IF YES, WERE FINDE IN CERTIFYING CAUSES YES [INC	N WAS PERFORMED	ON FOR WHICH OPERATIO	196 CONDITIO	MERATION	190 DATE OF SA	TIFICATI
220. I certify that (1) (this hospital) attended the deceased from sow the deceased alive an above, (1) (we) (did not) view the body after death. 226. SIGNATURE DEGREE 226. DATE ATTENDING MEDICAL STAFF	")	IN ITEM 18 PART (OR PART 2)	ED (ENTER NATURE OF INJURY IN ITE	21¢ HOW INJURY OCCURR	MONTH DAY YEAR	ATH HOUR A.M.	ING CAUSE OF DE		
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276 SIGNATURE DEGREE 226 DATE	220.1 certify that (1) (this hospital) attended the deceased from 1973, to 1984, that (I) (we) large says the deceased alive an 1984, and that in (my) (aur) against death accurred an the late and have and from the causes stated								
PHYSICIAN B DIRECTOR PHYSICIAN	TE SIGNED	F 111-	MEDICAL STAFF DIRECTOR PHYSICIAN	ATTENDING	-dlw	5 (Jan			
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	1			22e ADDRESS		OR PRINT!	AN'S NAME (TYPE	22d. PHYSICIAN	
Dr. L. Sandhir 48 Tarn Terrace, Frostburg, Md2153	32	ourg, Md2153	race, Frostbur	48 Tarn Teri		dhir	. L. San	Dr.	
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY Prostburg Memorial Park Frostburg, Allegany	STATE	COUNTY	23d LOCATION CITY OF TOWN	EMETERY OR CREMATORY				(SPECIEY)	

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md. 21532



STATE OF MARYLAND					
DEPARTMENT	OF HEAL	TH AND MENTAL	HYG)E		
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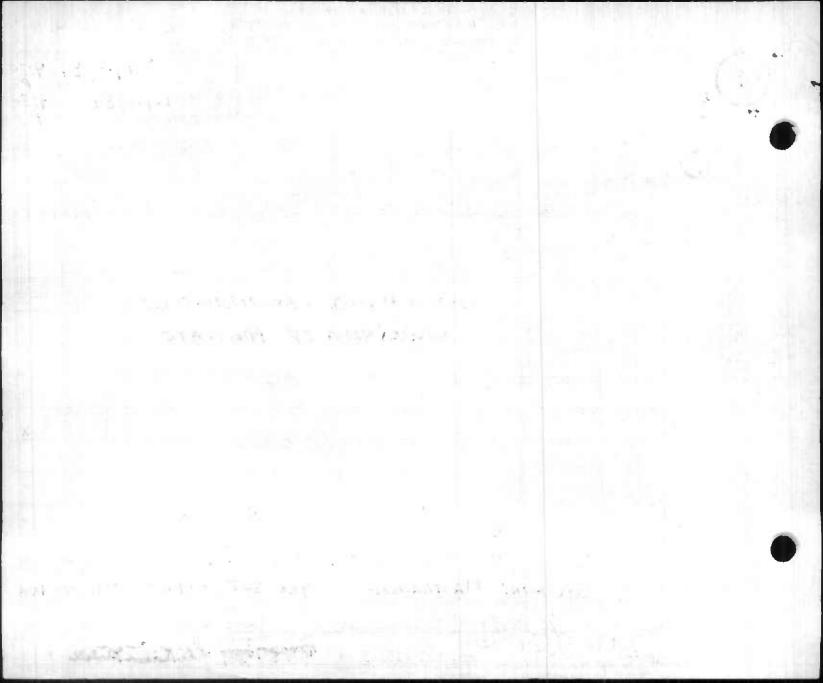
DEPART	MENT O	FHEALT	H AND	MENTAL	HYGIENE	
MEDICAL	EXAM	NER'S	CERTI	FICATE	OF DEATH	

La	24	- 13	10	- 1
6.00	~	-	(Fulle)	-

	1-:	FOR STATE REGISTRAR			EPARTMENT OF			-		2 8 REG. NO.	7 6	2 0	
	1. DEC	CEASED NAM	NE FIRST		MIDOLE	' LA	ST .		20. DATE KN		NTH, OAY	YEAR	26 HOUR
	(TYPI	PE OR PRINT)	CECI	L LEO	N	LONG			OF E	311- 11	110	84	9:30
	3. SEX	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	EARS IF UNDI	R 1 YR. IF UNDER	R 24 HRS.	20. DATE	40M		YEAR	2d HOUR
	Ma	ale	Caucasia			OAY) MONTHS	DATS HOURS	MIN	DEAD	11/10	184	19	7:30
	To. BII	RTHPLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	NEVER MARR	RIED 🗌	9. BALTIMOR	E CITY OR CO	UNTY OF E	EATH	7
ž		Pa.		USA		WIDOWE			Alleg	any Co	unty		MD.
a	0	Cumber	/	(IF NOT IN SUCH FACI	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) and Memori			FOR.	MOST OF WORKING Labore	LIFE)	Da:	ND OF BUSTR	SINESS
5		AL RESIDENCE		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 13c CITY OR TOWN Wellersbu	SION]	d. Inside city limits? Yes \(\) No \(\)		EEET ADDRESS	RFD	99	199	9
0		ATHER'S NAM	G. Long	MIOOLE	LAST	1:	Nora Mae		MIDDE	Ē		LAST	
2	16a W		DEVER IN U.S. ARA		166. SOCIAL SECURIT	TY NO. 17	INFORMANT			DDRESS			
2	(10	yes	OWN) (IF YES, GIVE V		184 18 29	933	Elva L. I	Long,	Weller	sburg,	Pa.	1550	4
	CERTIFICATION	gave r couse (c lying ca	ons, if ony, which ise to immediate o) stating the <u>under-use lost</u> .	DUE TO, OR A (b) DUE TO, OR A (c) ONTRIBUTING TO DEATH BU	S A CONSEQUENCE T NOT RELATED TO THE TERM TO FOR WHICH OPE	OF OF	CONDITION GIVEN IN PA	PRA	JOHAT OSTAT	1,010	20.4	UTOPSY?	
1	TIFIC.											ES 🗍	NO X
う	MEDICAL CER	UNDERLYIN	ING CAUSE OF D		NJURY MONTH DAY YEA 19	AR 21c HOV	/ INJURY OCCURRI	ED (ENTER	NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
	MED	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR		21f LOCA STRE			CITY OR TOWN		COUNTY		STATE
	1-	220. I cert death resul ACTUAL SIGNATURE	ify that I took charge ted fram: Noture	Mas		Autopsy uicide , , , , , , , , , , , , , , , , , , ,	Inspection Homicide TITLE (SPECIFY) DE DUI DRESS 900	Undet	Inquiry Demined monne	er ,	ATE GNED 11	10/30 NL	184 AND
	230. BU	URIAL, CREMA	LION, REMOVAL 23	b. DATE	23c. NAME OF CE		REMATORY	23d. LC	OCATION ORTOWN		COUNTY	STA	TE
]	Burial,	(11/13/84	Cooks (Cemeter	_		thampto				Pa
	24 FL	NAME NAME	West!	ex Jones			. SO DATE	REC'D. BY	REGISTRAR	Sb. REGISTRA	R'S SIGNAT	URE	
		Harvey	H. Weigh	r Hyndma	n, Pa. 15	5545	MUV	13 73	Trust of	Durdson	Mande	الله	R.

DHMH - 17 (VR A15 ME (5)) 15M 2/80

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	pe	e 3	1. DECEASED (TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂

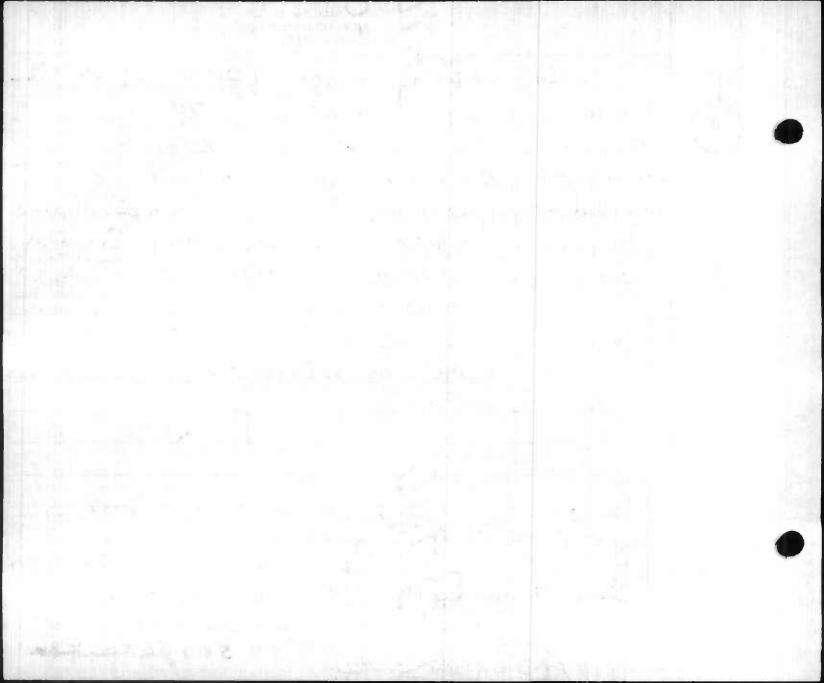
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dia.	C)		(Cural

	-	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.		
	1. DEC	CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MO	ONTH DAY YEA	
	(ITPE	LOLA	Christine	e Lyng	ch	October	30,198	4 330 mm
	3. SEX	4	RACE	S. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDA		YEAR IF UNDER 24 HRS
1	7	temale	White	12 15	13	70	YRS.	
١		RTHPLACE STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	R MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	d
ŀ,	1	Maryland	U.S.H.	WIDOWED	DIVORCED	HIleg	ANY	MD.
9	10. CI		1. NAME OF HOSPITAL, NURSIN		en low	120 USUAL OCCUPATION (TYPE OF JAPORK FOR MOST OF W	ORKING LIFE) INDUST	ID OF BUSINESS OR
	LO	naceming, MD.	P.O. BUX	4 KNAPE	5	KeTiRec	1 1	CAITL
Y	13a S	TATE 136 COUNT	Y 13c. CITY OR TOW	VN, 13d. INSIDE	aread .	138 STREET ADDRESS	dia	371
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9	14. FA	1 .	DDLE VI LAST	IS. MOTHER	PIRST -	MIDDLE	. 'C	tAST P
-	16. \4	VAS DECEASED EVER IN U.S. ARM	VMI KIPST	JRITY NO. 17. INFORM	Berlha	ADDRESS	1 Cra	marca
		ES, NO OR UNKNOWN] (IF YES, GIVE V	WAR OR DATES)	ALLIE I	Madal.	S:+	SI. MARY	is pource
		NO NON	- 411 -1	97/51	المحدد هرا،	ne omil		in indital
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and BY:	- 1			BETW	PROXIMATE INTERVAL ZEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (0) Heart	tailur.	٠			years
	100		DUE TO, OR AS A CONSEQUE	ENCE OF	0 1.		- 3	
		Conditions, if any, which gave rise to immediate	(16) 75C	hemic (cardio	Myopalh	4 3	years
		cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	T 0	, ,	, :	3
		onderlying cause last	1 10 Myoc	ardial.	Intar	ction		years
	N C	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATE	ED TO THE TERMIN	NAL DISEASE OR CONDIT	ION GIVEN IN PAR	Tito
7	ATIC	190. DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	28e AUTOPSY? 2	Ob. IF YES, WERE FIN	NDINGS USED
	CERTIFICATION					YES NO NO	N CERTIFYING CAU	ISES OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW	INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	- Cont	- Named
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCAT	ION			
	W	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.] STREE	T	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1)(this hospita	il) assended the deceased from_	august	1982	, to Octob	ea 30, 84	_, that (IV (we) last
		saw the decease in alive an abave (II) (we) (fid) (did not	October 22 19 6	14, and that in @	(aur) apinian de	eath occurred an the date	and haur and fram	the causes stated
		226. SYGNATURE	west the dody one: death.	DEGREE			22c. D.	ATE SIGNED
		Depros 1 100	ryer	M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	NO BC	4.30 1984
		224. PHYSICIAN'S NAME (TYPE OR F	PRINT	22e. ADDRE	ESS			, , , , ,
		Donald F.	Manger M.	D 55	Jack	son Stree	+ Long	coning
	230 B	URIAL, CREMATION, REMOVAL	236. DATE 23c. N	NAME OF CEMETERY OF	RCREMATORY	73d LOCATION	,	
	(5	RUCIAL	Nov2 1984 12	gupel Hill	emetery	MOSCOW /	Flegure	MIS
	24 FU	INERAL DIRECTOR CHANNE	14. A. Euphan	210	259 PATE	REC'D BY REGISTRAR 24	PREGISTRAR'S SIGN	NATURE
	-	NAME	WODRESS!	MA DAL	D/ WIII/	3 1984 3	wer Davidson	- Handalle -

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attention by being should be detached for use as the buriol-transit permit. Then plean amount with the State Dept. of Health and Mental Hygiene prior to burial, cremation. IMPORTANT: If them 21 is marked or Item 18 shows any injury or either transit.

(VR A 15 (4))



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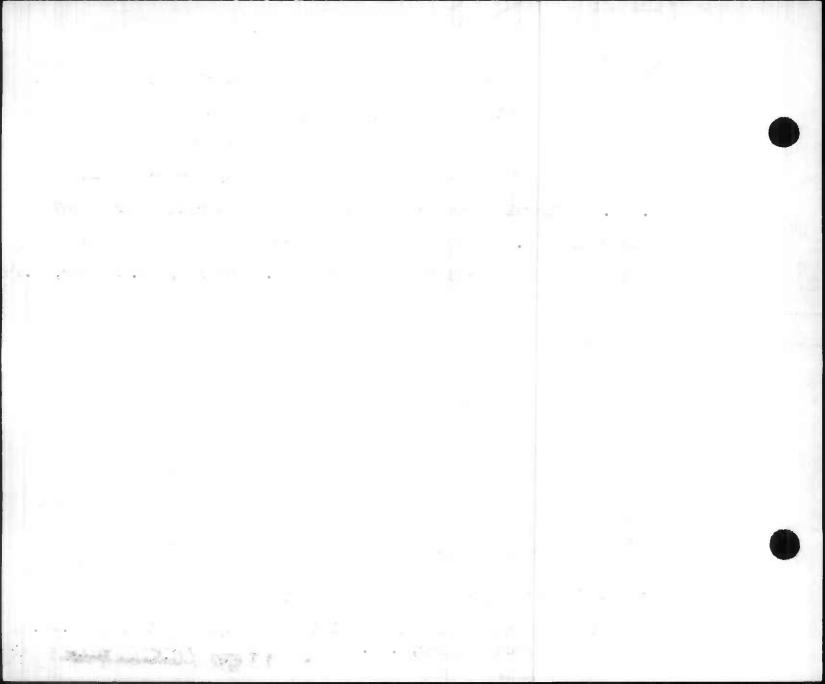
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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But	2	0	1	Gra	Ci.

			EKTITICATE OF		REG. NO			
DECEASED NAME 1951		WEDDER	LAST		TE DATE OF DEATH	HONTH DAY	YEAR	5:50
MARY	٧.	1	MARKWOOD		NOVEMBER 5	, 1984		D: 50
SEX	4 RACE	3	DATE OF BRITH		AGE (PETERSTAST SHE	MSATI FINDS	DAYS.	FUNDER 24 NRS
FEMALE	White	9	OCT. 11,		90	YRS.	2000	Tables and
COUNTRY)	7h CITIZEN OF	WHAT COUNTRY?	MARRIED [] NEVE		BALTIMORE CITY OF	COUNTY OF DE	ATH	1183
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Charles	H.	Vossler	Common 15	Kätheri)	44,000,000	Naed	ele	
WAS DECEASED EVER IN U.S.		16 SOCIAL SECURIT			ADDRE			
	GNE WAR GRIDATED	233 50 3	704 Ber	nard W.	Markwood	, Jr. K	eys	er, W
underlying course last PART 2 OTHER SIGNIFICAT	PART 2. OTHER SIGNERICANT CONTRIBUTING TO							
1% DATE OF OPERATION	IN COND	CION FOR WHICH OF	ERATION WAS PER	FORMED	YES NO X	104 IF YES, WERE IN CERTIFYING (YES []		
the state of the s	DEWIN HOUR A	M MONTH DAY	YEAR	INJURY OCCURRE	D. TENTRIHADAS OF SOME	entre il sult tor	Polit (1)	
		OF BUILDRY	TH COCA					
THE INJURY OCCURRED	(at record, 13	MET. FACTORS (DESCE TAKE)		INON-	SHOKE	- (0	INC.	Links
77s I certify that III (this h	ospital) attended the	e deceased from	CHCI PH	19	toto	10		hat (I) (we) la
72s I certify that (I) (this has the december of this has the december of the december of the same of	ospital) uttyrided the profit in not show the byidger	e decessed from	CHCI PH	19	moth occurred on the du	te and hour and fo	om the c	hat (I) (we) la
72s I certify that (I) (this has the decouping allowed by the decouping allowed by the Signature of the Sign	ospital) uttyrided the profit in not show the byidger	e deceased from	and that in in	ATTENDENG PHYSICIAN C ESS SETC CUMBERLA	medical Star DIRECTOR PHYSIC DN DRIVE	te and hour and fo	om the c	hat (I) (we) la ouses stryfid
The I certify that II (this heart above, II) (world) (did this heart above, II) (world) (did the property of t	ospital) uttyrided the party in not few the bardy	e deceased from Gifer death. 231. NAM	DEGREE 724 ADDS	ATTENDING PHYSICIAN COMBELLA	moth occurred on the du	te and hour and fo	om the c	hat (I) (we) la ouses stryfid

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached far use as the burlol-transit permit. Then please remaye carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. af Health and Mental Hygiene prior to burlal, cremotian, or remayal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exami

FOR

STATE	OF	MARYLAND
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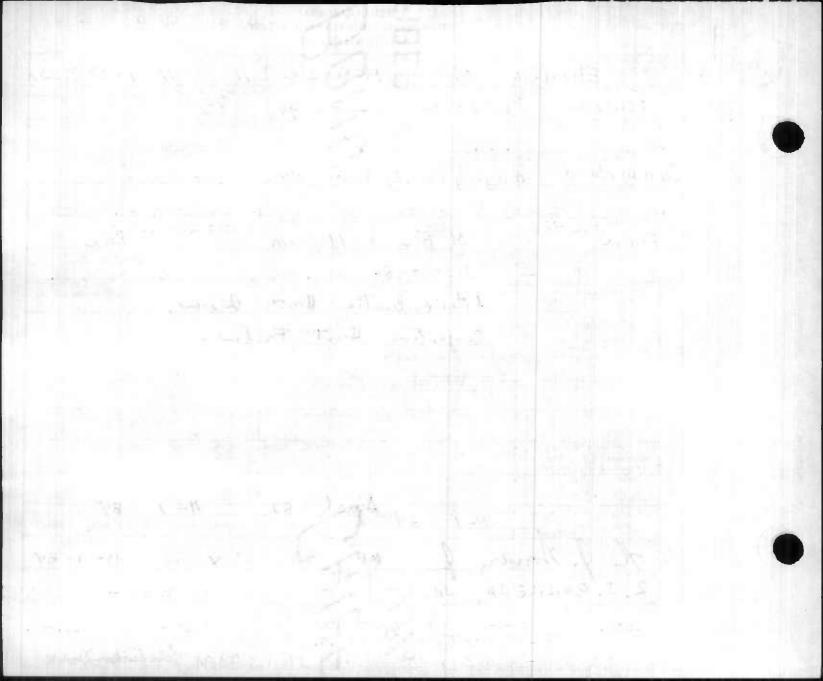
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO				
		EASED NAME FIRST Elizab	eth M.	,	1c Kenzie	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 8; 20 PM			
	3. SEX	Female	Cauca Sion	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 85 YRS	WUNDER 1 YEAR WUNDER 24 HRS			
4	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWS	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN Alleganu	TY OF DEATH MD.			
7	10. CI	mberland	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE GIREET Allegany Cou	NG HOME C	- Land	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
6	130 S	ruland Alla	eaanu Cresanto	/N	134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO 14713 McMullen	DE Huy / 21502			
0	14 FA	THER'S NAME Franklin	MC BE	e	Mariam	Marian Rebecco	NICE			
1	(y	(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-74	1-0851	James F. McKe	enzie Cre	Ponald Road esaptown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	HOT RELATED TO THE TERM	inal disease or condition of	SIVEN IN PART 110			
1	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO			
7	MEDICAL CER	21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE OT WHITE ALL WORK	HOUR A.M. MONTH D	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN HEM)	8 PART I ORPART 7} COUNTY STATE			
		220.1 certify that (I) (this hasping sow the deceased alive an	20. Lettify that (1) (this haspital) attended the deceased from 19.83, to 19.84, that (1) (we) lost sow the deceased alove an above, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED							
1		224 PHYSICIAN'S NAME (TYPE O R. J. BAR	MERA, JR	^	AP ATTENDING PHYSICIAN [22e ADDRESS Memorial How		Bldg-Cumberland, M			
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY			

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 11-4-84 Hillcrest Burial Park <u>Cumberland-Allegany Co.-Md.</u>

24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A./ 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 350


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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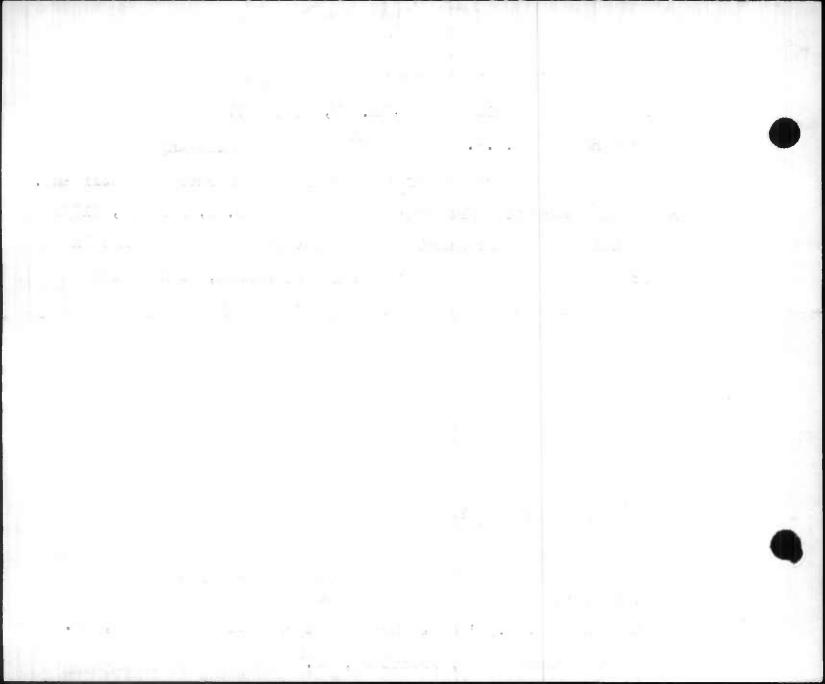
REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
(TYPE OR PRINT) HAR	OLD LEE	MCKENZIE	NOVEMBER 28, 1	984 2:32A M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White	Jan. 21, 19	907 77	
To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRI	9 BALTIMORE CITY OR COU	NTY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORC		MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTE		126 KIND OF BUSINESS OR
CUMBERLAND			NTER Farmer	Self Emp.
MISUAL RESIDENCE IF MURSING HOME OF	OR CITHER INSCITUTION; GIVE RESIDENC	EREFORE ADMISSION)	in the Marian and the second second second second	
	0000 VIVA PART CAROLINA	thurg YES NO	Rt. 2. Box	698, 21532
IN FATHER'S NAME	m00tl 14	IS MOTHER'S MAI	DEN NAME	ier
William	26 26		vina	Machin
168 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDRES5	0.000
No		3-6465 Velma 1	Mc Kanzie, Same	as 13e
II. CAUSE OF DEATH (Enter of	only one couse per lin to	A SIGNALMANI	1 linned	BETWEEN CONST AND DEATH
PART I DEATH WAS CAUS	ATE CAUSE (III)	YOU MENINING	HIME	
	DUE TO, ON AS ASSA	MARCHAN A	6 4/2	
Conditions, if any, which	(an AVA	a CADA	(///	
gave rise to immediate couse in stating the	DUE TO OF AS A CON	A Driver		
underlying cours lost.	10	HULL		
	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO T	he terminal disease or condition	GIVEN IN PART Tra
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
1			YES NO	YES NO
OR COLUMNIC CALIFFORD	LIGHT A LL LIGHT		OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
(IF EITHER NOTIFY MEDICAL EXAMIN	CAIR	19		
UF EITHER NOTHY MEDICAL EXAMIN	21e PLACE OF INJURY	211 LOCATION	C COMP TOWN	EDURTY STATE
NI HOSE D NOT WHAT	.1	~ 1/10- 12	84 /M-9	16.62
22x.1 certify that it (this has	pital are list effects and	841010 000	0-1	279 27 that its (we) last
saw the decision alive a above, (1) we 10th I did s	of view the body after death.	59 ond that in (my) aur	opinion death accurred on the date and	hour and from the course stated
The SIGNATURE	flex.	DEGREE		22c DATE SIGNED
YNZ	MIM	ATTEN PHYSI		12-1-7
22d. PHYSICIAL NAME TYPE	QE PROCIS	27MEMORIAI	L HOSPITAL MEDICAL	BUILDING
DR. TERRY WILI	TAMS	CUMBERLA	AND, MARYLAND	21502
23a BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF CEMETERY OR CREM.		COUNTY STATE
Burial	Nov. 30 184	Johnson Cemete	Garrett Co	unty, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

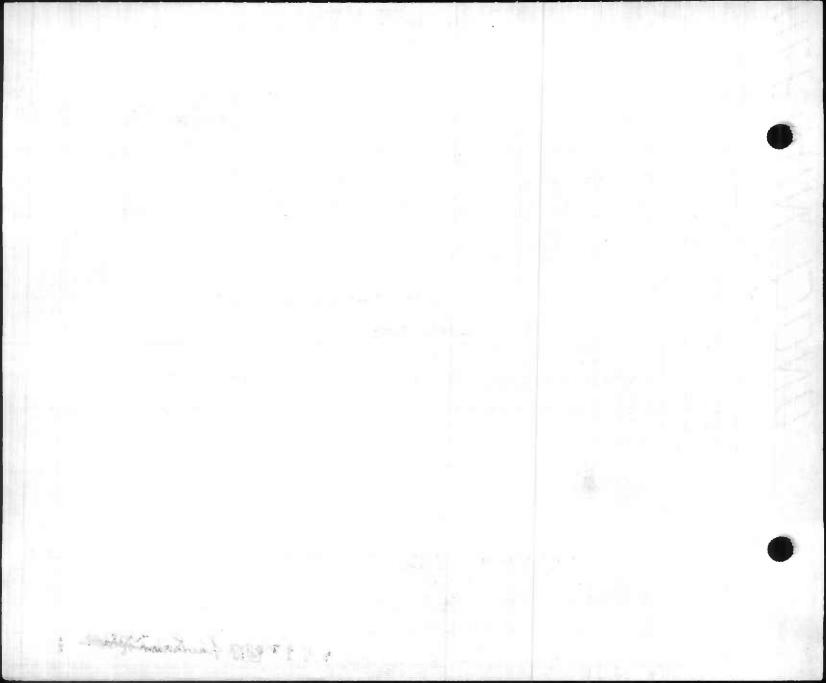
ORTANT

24 FUNERAL DIRECTOR

Durst Funeral Home, Frostburg,



15M 2/80



requires that the death certificate be executed within 24 hours after

impletely tilled in by the tuneral director and 2 should be filed within 72 hours aft

	CEASED NAME FOR PRINT)	FIR51	All	DDLE	L.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	7b HOUR
3. SE.		HARLES 14 RA		INTERS	_	ETHOD	NOVEMBER 1		DER 1 YEAR	1.07 I
	Male		Bla	ack	S. DATE C	DAY YEAR	81,	YRS.	S DATS	HOURS MIN
We	RTHPLACE (STATE ORFO	La	U.S		MARRIEL		9 BALTIMORE CITY O	_	DEATH	- N
	umberland			EART HO		R OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		NDUSTRY	F BUSINESS O
13a. S	at residence (if Nursi State aryland	136 COUNTY Allegar	- 1	Cumber		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		21	502
14. F#	ATHER'S NAME FIRST	middli unkr	nown	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		Fo	
	WAS DECEASED EVER I YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR		6b SOCIAL SEC		Mary L. Meth	od, wife	same as	: 13a	-e.
	PART I. DEATH W.	H (Enter only on AS CAUSED BY IMMEDIATE CA	. A.	ne far (a), (b), ai	-0	REBROVASCULA	R ACCID	EHT.	APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATI
	Canditions, if ony,		DUE TO, OR	AS A CONSEQU	JENCE OF					
Z	gave rise to imm cause (a), stating underlying cause	nediate g the last.	DUE TO, OR	as a consequ	DEATH BUT	O SEVERE	MINAL DISEASE OR CON		V PART 110	1
TIFICATION	gave rise to imm cause (a), stating underlying cause	pediate g the last. WIFICANT CONE	DUE TO, OR.	AS A CONSEQUENTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM			RE FINDIN	GS USED
CAL CERTIFICATION	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN DRENA	AUSE OF DEATH	DITIONS COT	AS A CONSEQUENTRIBUTING TO CARE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON FAILURE 200 AUTOPSY2 YES NO	DITION GIVEN IN 706 IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH?
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	gave rise to imm cause (on, statum underlying cause) PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN 198 DATE OF OPERAT 716 ACCIDENT WAS UND OR CONTRIBUTING COLOR 118 ETHER, NOTHY MEDIC 716 INJURY OCCURR AT WORK NOTH MAT WOR	INFICANT CONE IDN INFICANT CONE IDN INFICANT CONE INFICANT CO	DUE TO, OR (c) DITIONS CON 19b. CONDIT. AS A CONSEQUENTRIBUTING TO	DEATH BUT ON GE H OPERATION DAY YEAR 19 FARM EIC I	NOT RELATED TO THE TERM STIVE HEAD WAS PERFORMED 216 HOW INJURY OCCUR 2211 LOCATION	AIN AL DISEASE OR CON- FAIL VRE 20g AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO	70b IF YES, WE IN CERTIFYING YES 27 IN ITEM 18 PART WWN CO	RE FIND IN CAUSES OR PART II	IGS USED OF DEATH? NO	
	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 71a ACCIDENT WAS UND OR CONTRIBUTING CITE ETHER, NOTHY MEDIC 21d IN JURY OCCURR WHILE OOUTH ALT WORD 72a certify that (I)	INFICANT CONE I LOST ION WERLYING AUSE OF DEATH ALL EXAMINER) WED WHAT WED WHAT WEST WHAT WHAT WEST WHAT DUE TO, OR (c) DITIONS CON 19b CONDIT 71b TIME OF HOUR A.M P.M 71c PLACE O (AT HOME STREE oftended the	AS A CONSEQUENTRIBUTING TO	DEATH BUT ON GE H OPERATION DAY YEAR 19 FARM EIC	NOT RELATED TO THE TERM STIVE HE ALE WAS PERFORMED 211 LOCATION STREET 19 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	AIN AL DISEASE OR CON- FAIL VRE 20g AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO	706 IF YES, WE IN CERTIFYING YES DOWN IN 11EM 18 PART	RE FIND IN CAUSES OR PART II	OF DEATH? NO	
MEDICAL	gave rise to imm cause (on, statum underlying cause) PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN 198 DATE OF OPERAT 716 ACCIDENT WAS UND OR CONTRIBUTING COLOR 118 ETHER, NOTHY MEDIC 716 INJURY OCCURR AT WORK NOTH MAT WOR	INFICANT CONE IDN IDN IDN IDN IDN IDN IDN I	DUE TO, OR (c) DITIONS CON 196 CONDIT 196 CONDIT 196 CONDIT 197 PLACE O (AT MOME STREE patiended the	AS A CONSEQUENTRIBUTING TO COME TO THE CONTROL OF T	DEATH BUT CON GE H OPERATION DAY YEAR 19 FARM EIC 1	216 HOW INJURY OCCUR 211 LOCATION STREET 19 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 276 ADDRESS	AINAL DISEASE OR CON. FAILURE 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT LITY OR TO death occurred on the do	70b IF YES, WE IN CERTIFYING YES DEVIN ITEM 18 PART OF THE ORDER OF TH	RE FINDING CAUSES DR PART TO OUNTY LITTOR THE CAUSE AND	OF DEATH? NO

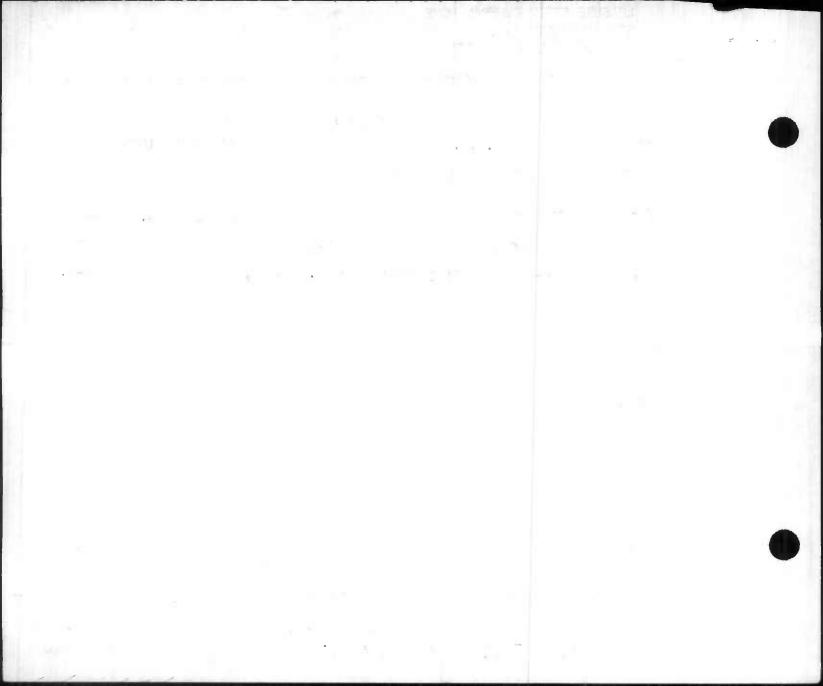
STATE OF MARYLAND

LEASURE STEIN FUNERAL HOME

DHMH - 16 50M 4/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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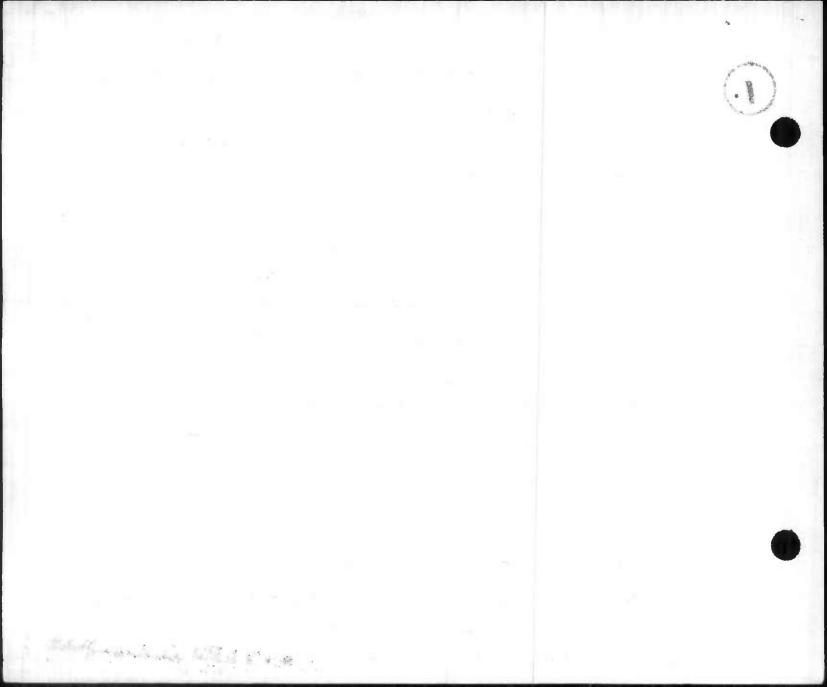
LDE						CATE OF DEATH	REG NO.			
	CEASED NAME	FIRST	MI	DDLE	U	AST	20 DATE OF DEATH MONT	ITH DAY	YEAR	2b HOUR
(TYPE	OR PRINT)	CARRIE		MARGARET		MILLER	November	18, 1	L984	0612
3. SE)	X	4 R	RACE		5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HR
Fe	emale		White		July	29, 1905 YEAR	79	YRS.	NTHS DAYS	HOURS MI
	RTHPLACE (STATE OF	FOREIGN 7b. 0		HAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO		F DEATH	
Ma	arvland		USA		WIDOWE		Allegany	r		,
10 CI	TY OR TOWN OF DE Cumberland		NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET A MORIAL H	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemaker	IRKING (IFE)	126 KIND OF	F BUSINESS (
13a. S	al residence (if nur state aryland	ising home or other list COUNTY Garret		ive residence before 13c. CITY OR TOW Grantsvi	N I	13d INSIDE CITY LIMITS? YES \(\text{NO} \text{X}	Rt. 1, Box 5	-	21	536
14. F.A	ATHER'S NAME	MIDD	OLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
	Wilson		-	Camp		Dora			Kerlir	12
160, W	VAS DECEASED EVEL	R IN U.S. ARMED		166 SOCIAL SECU		17 INFORMANT	Route ADDRESS			
	YES NOOR UNKNOWN)			215-26-	7693	Wilmer Mille	r, Accident, N	MD 2	1520	MATE INTERVAL
	Canditions, if any gove rise to im couse (a), stati underlying caus	nmediate ng the	(b) C	AS A CONSEQUE	y A	RTERY DISE	ASE			
TIFICATION	PART 2 OTHER SIG	MIFICANT CON	0 N.	DIABETI	ES M	NOT RELATED TO THE TERM PELLITUS, N WAS PERFORMED		b IF YES, V	VERE FINDIN	GS USED
CERTIFIC	PART 2 OTHER SIG	NIFICANT CON TENSION NIPICANT CON TENSION CAUSE OF DEATH	ON. 196 CONDIT	DIABET I	ES M	PELLITUS. N WAS PERFORMED	200 AUTOPSY? 20b	b IF YES, V CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED OF DEATH?
10	PART 2 OTHER SIG HYPER 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [(15 FITHER NOTSY MED 21d INJURY OCCUR	TENSION ATION ADERLYING CAUSE OF DEATH DICAL EXAMINER) RRED	21b. TIME OF HOUR A.M P.M 21e. PLACE O	DIABET I	OPERATION AY YEAR 19	PELLITUS. N WAS PERFORMED	20a AUTOPSY? 20b	b IF YES, V CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED OF DEATH?
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CERTIFIC	PART 2 OTHER SIG	TENSION ATION ADERLYING CAUSE OF DEATH COPR.	21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME. STRE ottended the	INJURY MONTH DA FINJURY FACTORY OFFICE, F. deceased from	OPERATION AY YEAR 19 ARM. EI(.)	216 HOW INJURY OCCURI 216 LOCATION STREET 19 d that in (my) (our) apinion	200 AUTOPSY? 200 IN YES NO PORTON IN RED (ENTER NATURE OF INJURY IN II	b IF YES, V CERTIFYIN YES [ITEM 18 PART	WERE FINDING CAUSES (GS USED OF DEATH? NO []
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept at Health and Ahentol Tygiene priar to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic avent, the Example 1.



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6)	I. DECEA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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REGISTRAR				CERTIF	ICATE O	F DEAT	TH		REG.	NO.				
DECEASED NAME	FIRST		DDIE		AST			2a DATE C	FDEATH	MONTH	DAY	YEAR	26 HOUR	
and the first of	LORY	WES	ST	M	ILLER					11	21	84	1116	AM C
. SEX	4.	RACE		5. DATE C			YEAR	6. AGE IN	YEARS LAST	BIRTHDAY)	# UNI	DER I YEAR	IF UNDER 2	24 HRS
MALE		WHITE		5	2			71		YR:		J DATS	HOOKS	MIN.
BIRTHPLACE (STATE	E OR FOREIGN 71	USA	HAT COUNTRY?	& MARRIE WIDOWE	D NEVE	R MARR		9 BALTIM	AII.			EATH		MD
CUMBERI	1	MEMOR	OSPITAL, NURSIN		OR OTHER I	NSTITUT	ION	La USUAL	occupa reers	TION TOF WORKIN	G LIFE) IN	PARA STEP	e Busines	SS OR
SUAL RESIDENCE (18 30 STATE W VIRGINIA	US ASQUINT	THER INSTITUTION, G	PAW PAW		13d. INSID YES [E CITY LI		13e STREET	ADDRESS BOX	5 ZIP CO		AW W	199	
FATHER'S NAME Hilley	MI	IDOLE	Mille	r			enc		MIDDLE A.		Mil	ler.	Ť	
(YES, NOOR UNKNOW			35-84-		17. INFOR		Mil	ler,		RESS #1		55,	5434 Paw	Pa
Conditions, if gave rise to cause (a), underlying	immediate stating the	DUE TO, OR	AS A CONSEQUE		venen	B	ter	Disc	an	Life	CAS -			
	SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOTRELA	TED TO T	THE TERM	NALDISEA	SEORCO	NOITIQU	GIVEN IN	PART 1	0	
190 DATE OF OF	PERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PER	RFORMEI	D	20a AUT	OPSY?				OF DEATH	H?
OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF HOUR A.M	. MONTH DA	Y YEAR	21c HOV	/ INJURY	OCCURR	ED (ENTERN	IATURE OF IN	JURY IN ITEM	18 PART I C	OR PART 2)		
(IF EITHER NOTIFY 21d. INJURY OC WHILE AT WORK	OT WHILE	21e PLACE O (AT HOME, STREE	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOC/ ST	ATION REET			CITY OR	TOWN	C	OUNTY	16	ATE
saw the de	at (I) (this haspita ceased alive an _ we) (did) (did nat)		deceased fram		nd that in (1			eoth occuri	ed on the	dote ond			that (I) (w causes sta	
22b. SIGNATUR	Off the	-	mer dedin.	-	DEGREE M-D.		NDING ICIAN [MEDICAI DIRECTO		AFF SICIAN [22c. DATE	SIGNED	's y
200	SMAM THAN			-	224-ADD	RESS I CAL	BIII	LDING	CI	MBER	AND	MD	_	

DHMH - 16 50M 4/83

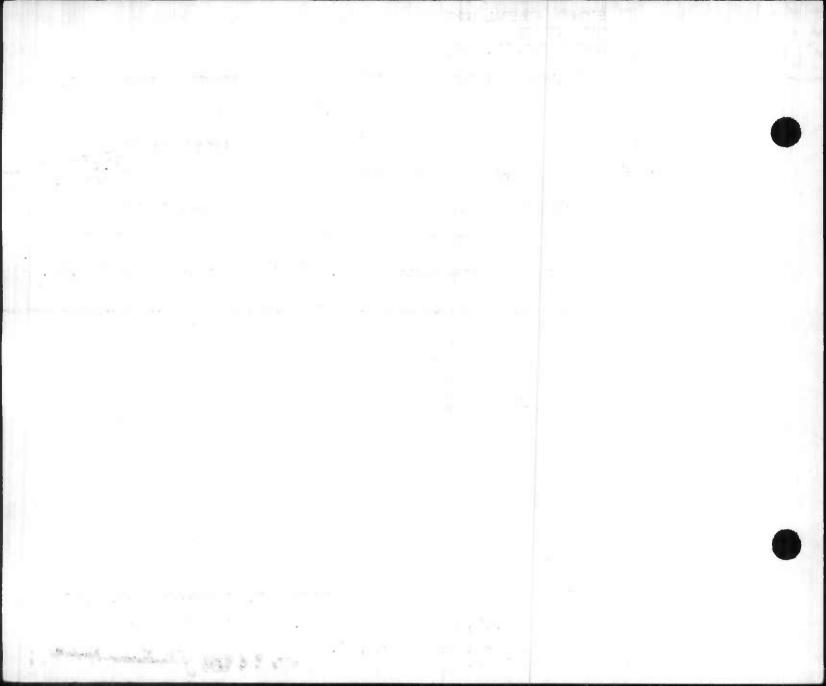
(VRA 15, 4)

Burial 23b. Date 11/24/84 Woodrow Cemetery Par 306 Union Street. Helsley-Johnson F.H. Berkeley Spgs, WV

STATE

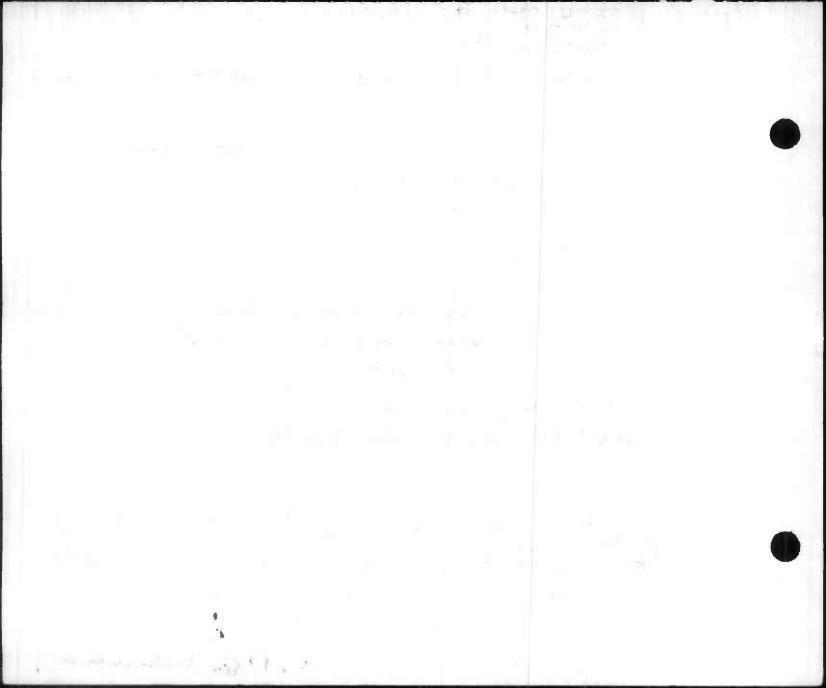
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0		EASED NAME FIRST OR PRINT) WILLA	RD I	SAAC	MOY	ED.	NOVEMBER			7:50P M
	3. SE)	Male	'White	0, 1, 10	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY} IF L	JNDER I YEAR	FUNDER 24 HRS
12 hour	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia		WHAT COUNTRY?	8 MARRIEI WIDOWE	DI DIVORCED	9 BALTIMORE CITY OF	R COUNTY OF		MD
30	Cu	mberland	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHTY, GIVE STREET A	G HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE COMP	ON	STIPE	Compa
36	USU/ 130 S	RESIDENCE (# NURSING HOME TATE Md All	or other institution unity egany	GIVE RESIDENCE BEFORE ILC CITY OR TOW LONGCOT	admission) ning	136 INSIDE CITY LIMITS?	130-STREET ADDRESS	ZIP CODE	e 21%	34
oxomine CXOMINE	14. FA J	THER'S NAME OEL FIRST	MIDDLE	Moyer		Mary Maiden Na	MIDDLE		eyers	
medical	16a V	YAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	213-09-6		Mrs. Virgi		Lonac	Trans.	
it Then please remiter to burial, cremity injury, an ather to	CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	T CONDITIONS CO	Time l	DEATH BUT	NOT RELATED TO THE TERM WAS PERFORMED	IN AL DISEASE OR CON	20b. IF YES, W	IN PART 11a VERE FINDING	S USED
00//	RTIFIC	71a ACCIDENT WAS UNDERLYING	Land Linearing A		AY YEAR	21¢ HOW INJURY OCCUR	YES NOTER NATURE OF INJU	YES [NO [
em 18 shaws or		OR CONTRIBUTING _ CAUSE OF	DEATH	M.	19					
Hygiene 18 shows	MEDICAL CE	***	NER) P.	M. OF INJURY REET FACTORY OFFICE F	19 ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Hygiene 18 shows		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHIE NOT WHITE AT WORK 220-1 certify that (1) (this ho sow the deceased alive above, (1) (we) (did) (did	P. 21e PLACE (AT HOME STI	OF INJURY REET FACTORY OFFICE F deceased from	ARM ETC }	street 19 and that in (my) (aur) aptinion	. 10	. 19.	, tho	at (h (we) lost uses stated
Hygiene 18 shows		OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMITY OF COURED NOTIFY MEDICAL EXAMITY OF COURSED NOTIFY OF COURSED NOTIFY OF COURSE	P. PLACE (AT HOME STI	OF INJURY REET FACTORY OFFICE F deceased from	ARM ETC }	. 19	. 10	, 19, ate and have an	, the	at (h (we) lost uses stated



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20	. DEC	EASED NAME	FIRST	D, MD 21	MIDDLE		ICATE OF DEATH	REG. NO. 26 DATE OF DEATH MO	INTH DAY YEAR	7h HOUR
1.1	(TYPE	OR PRINT)	OBERT	. E	DWARD	ML	JLL.	NOVEMBER 7,	1984	5:10Pm
34	3. SE)	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS
rs aft		male		white		02	-15-1921 YEAR	63	YRS.	HOURS MIN.
funeral direction 72 haurs	7a BI	OUNTRY) PA	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR C		MD
of the full		TY OR TOWN OF DEA Cumberland		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	of Business or & Supp.
filled in b	USU/ 13a. S	AL RESIDENCE (IF NURS TATE MD	ING HOME OR 13b COUN Alle	OTHER INSTITUTION	FD HFART GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumberla	ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / Z 619 Welling		
> 40		THER'S NAME				110	15 MOTHER'S MAIDEN NA			
and 2		Thomas		MIDDLE	LAST			Mankamyer	LA	51
Pages medica		AS DECEASED EVER ES. NO OR UNKNOWN) YES	(IF YES GIV	MED FORCES? EWAR OR DATES)	184-16-4		Dorothy J.	Mull, Cumber:		wife
artificate has been signed by the atti ol-transit permit. Then please remove stal Hygiene prior to burial, crematio em 18 shaws any injury, ar ather trau	AL CERTIFICATION	Conditions, if any, gove rise to imr couse (a), statin underlying cause PART 2 OTTER TO THE T	TION DERLYING CAUSE OF DEA	21b. TIME O HOUR A.	IT ION FOR WHICH	OPERATIO	N WAS PERFORMED CONCLU	200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJURY IN	Ob IF YES, WERE FINDI N CERTIFYING CAUSE: YES []	NGS USED
the buri	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			711 LOCATION	(ITY OR TOWN	COUNIY	STATE
		22a I certify that	othis hospi	11/2			ed that in my (aur) opinian	death occurred on the date	and have and from the	
VERAL DIRECTOR: After be detached for use as a State Dept of Health IANT: If them 21 is mark		sow the deceose	(did no	70 /e	nig	M	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	22¢ DATE	82)
TO FUNERAL DIRECTOR: after should be detached for use as with the State Dept of Health IMPORTANT: If them 21 is mark		Then	AME (TYPE C	PRINT) MD	ui,	M	ATTENDING PHYSICIAN 2720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL CUMBERLAND,	NO 91/8	SIGNED



to Cetificate of the control of the salgalla of a second opening product went confitte to the manifest of growth or specially discounties. In the contract the party of walking out means described AN epart of the constant mailing the profits .targelson legge, H.M. Do .tl.H .tl. , belong to the Burst I is a company of the ment of the first of the country of th i was and the same of the same of the same of the same is

		CEASED NAME	FIRST	N 267	FATT		SINGER	REG. 1 20 DATE OF DEATH NOVEMBER	MONIH 23,	1984	YEAR [6:50AN
-	3. SE)			RACE	1711		OF BIRTH	6. AGE LIN YEARS LAST B		IF UNDER	FYEAR	IF UNDER 24 HRS
1	J. JE	Female		Whi	te	MONT		38	YRS	MONTHS	DAYS	HOURS MIN
Λ		RTHPLACE (STATE OR	FOREIGN 7h	. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY			ATH	
ı		New Je	ersey	U	SA	WIDOW		ALLEGANY	COUNT	TY		
	10 CI	Cumberlan			HOSPITAL, NURSIN HEART H		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Teache:	OF WORKING		USTRY	BUSINESS C
I		AL RESIDENCE (IF NUR TATE Mid .	136 COUNT	Υ	130. CITY OR TOW Cumberl	'N	134 INSIDE CITY LIMITS?	1303 Be			et	21500
I	14. FA	THER'S NAME FRST Lawren	-	DDLE	Moffatt		15 MOTHER'S MAIDEN NA	MIDDLE			John	nson
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	R IN U.S. ARM	WAR OR DATES)	166 SOCIAL SECU 214463348		John Arthur	Nofsinger,	Cu		ord S	t.
		18 CAUSE OF DEAT	TH (Enter only	one couse per	r line for (a), (b), an	d ICI.I				BE	APPROXIM.	ATE INTERVAL
		Conditions, if ony		(b)_	R AS A CONSEOUE	ENCEOF	•				MOS	W
	ATION	gove rise to im cause (0), statis underlying couse	mediate ing the e lost.	DUE TO, O	ONTRIBUTING TO I	ENCE OF	T NOT RELATED TO THE TERM	IN AL DISEASE OR CO	20b. IF	YES, WERE	FINDING	
	RTIFICATION	gove rise to im cause (o), stoft underlying couse PART 2 OTHER SIG	mediate ing the e last. SNIFICANT CO	DUE TO, O (c) DINDITIONS CO	ONTRIBUTING TO I	ENCE OF	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING C YES	FINDING AUSES C	
	CAL CERTIFICATION	gove rise to im cause (a), stati- underlying couse PART 2 OTHER SIG	mediate ing the e lost. ENIFICANT CO	DUE TO, O (c) ONDITIONS CI 196 COND 216. TIME C HOUR A	ONTRIBUTING TO I	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING C YES	FINDING AUSES C	OF DEATH?
7	MEDICAL CERTIFICATION	gove rise to im cause (0), stoft underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING	IMEDIATE THE PROPERTY OF THE P	DUE TO, O (c) DIDITIONS CI 196 COND 216, TIME C HOUR A P 216, PLACE	ONTRIBUTING TO I	DEATH BUT OPERATIO AY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING C YES	FINDING AUSES O	OF DEATH?
1)-1		gove rise to im cause (0), stofi underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 121d. IN JURY OCCUR	IMEGIOTE IN THE INTERIOR INTER	DUE TO, O (c) DINDITIONS CO 196 COND 216. TIME CO HOUR A P. 216. PLACE (AT HOME, ST	ONTRIBUTING TO I	OPERATION AY YEAR 19	216 HOW INJURY OCCURI 216 LOCATION STREET	200 AUTOPSY? YES NO (2) RED (ENTER NATURE OF IN.	20b. IF IN CER JURY IN ITEM	YES, WERE RITEYING C YES 18 PART LORP	FINDING AUSES C	STATE
1000		gove rise to im cause (0), stoft underlying couse (1). Stoft underlying couse (1) and the couse (1) an	IMEGIOTE IN THE INTERIOR I	DUE TO, O (c) DNDITIONS CO 196 COND 216. TIME CO HOUR A P. 216. PLACE (AT HOME, ST	ONTRIBUTING TO I	OPERATION AY YEAR 19	21t HOW INJURY OCCURI 21f LOCATION STREET 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SEED (ENTER NATURE OF IN. CITY OR 1 deoth occurred on the MEDICAL ST DIRECTOR PHYS	20b IF IN CER	YES, WERE RTIFYING C YES 18 PART I ORF	FINDING AUSES CO AUSES CO PART ?) ONTY , the om the co	STATE STATE OUT (I) (we) I DOUSES STATE OUT (I) (WE) I
く) 7	MEDICAL	gove rise to im cause (0), stoft underlying couse (1), stoft underlying couse (1) and the cause (1) an	IMEDIAN TO CONTROL OF THE PROPERTY OF THE CONTROL O	DUE TO, O (c) DIDITIONS CO DIDI	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F The deceased from After death.	OPERATION AY YEAR 19 SARM. ETC.)	21t HOW INJURY OCCURI 21f LOCATION STREET , 19_ and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SEED (ENTER NATURE OF IN. CITY OR 1 deoth occurred on the MEDICAL ST DIRECTOR PHYS	20b IF IN CER	YES, WERE RTIFYING C YES 18 PART I ORF	FINDING AUSES CO AUSES CO PART ?) ONTY , the om the co	STATE STATE OUSes stated

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumotic event, the medical

8	FOR STATE REGIST
E S	1. DECEASED N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MER

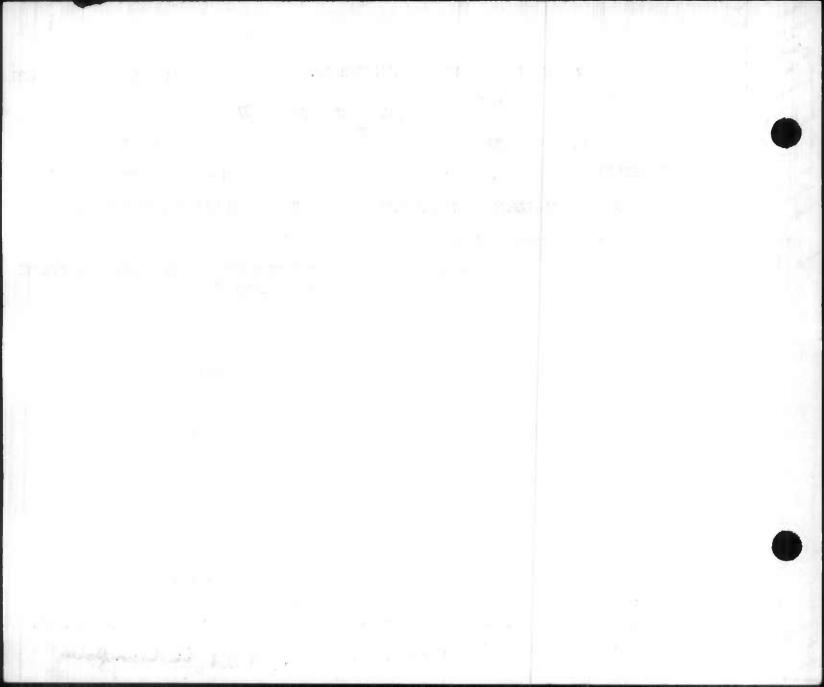
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	REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
	DECEASED NAME FIRST	NRY DANIEL	PFEIF	ER SR.	20. DATE OF	DEATH MONTH	26 84	26 HOUR 0855 HRS
	MALE	4 RACE WHITE	5. DATE OF 8	02 97	87	ARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED 2	NEVER MARRIED DIVORCED	9. BALTIMOR	RE CITY OR COUN	egany	MD.
1	CUMBERLAND	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY GIVE ST Memorial Hos)	oital	THER INSTITUTION	126 USUAL O	FOR MOST OF WORKING	LIFE INDUSTRY	orist
			ERLAND 130	L INSIDE CITY LIMITS?	1	PERESS CUMBE	RLAND A	102/500
1	Henry Co	nrad Pfeiffer	15	MOTHER'S MAIDEN NA		au	LA	51
10	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL S IVE WAR OR DATES! 220-34		THE ME	MORIAL	HOSP I TAL	MEMORIA	AL AVENUE
>	Conditions, if ony, which gove rise to immediate couse io stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING [DUE TO, OR AS A CONSE	JONCE OF	T RELATED TO THE TE	DISEASE	OR CONDITION (GIVEN IN PART I	NGS USED
	00 000000000000000000000000000000000000	ATH HOUR A.M. MONTH	DAY YEAR	E HOW INJURY OCCUR				
	ON CONTRIBUTING CAUSE OF DE CITE THERE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 11d Certify that III	71e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	ICE FARM ETC.)	F LOCATION OF TREE! VALUE On to in (my) (our) of them	death occurred	A C A C		that It (we) last causes stated
	Dr. Terry Wil	lians	WY	e ADDRESS Memo	rial Ho	STAFF PHYSICIAN Spital M	ed. Bldg	SIGNED
7	30. BURIAL, CREMATION, REMOVAL			Cumb ETERY OR CREMATORY st Burial P	23d LOCAT	MD 2150		ny, Md.
2	FUNERAL DECTOR F. S	carpelli Cumbe	rland, Md	250. DA	TE REC'D. BY RE-	GISTRAN Sb. REG	ISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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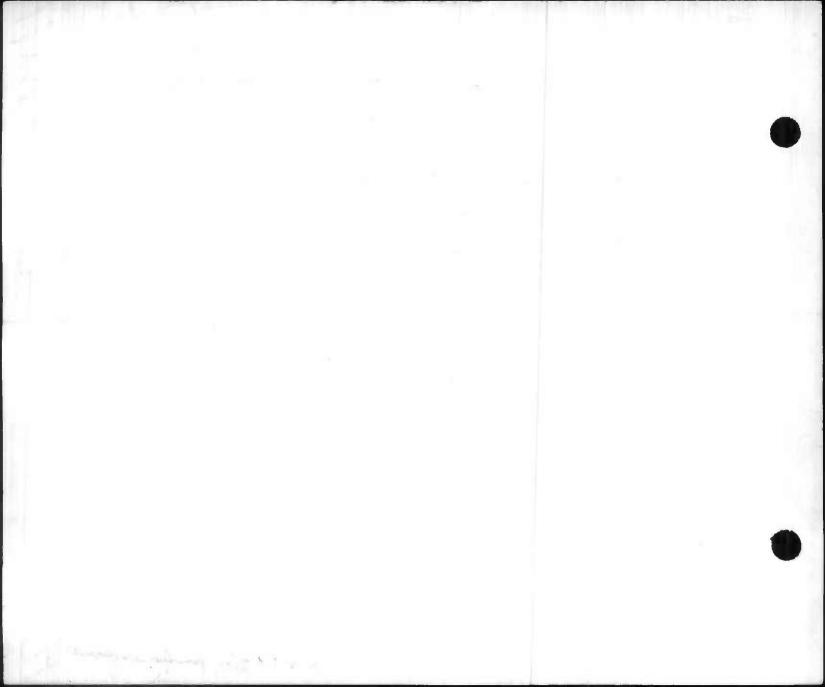
executed within 24 hours ofter TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbon paper. Page with the State Dept. of Health and Mental Hyperen are for to burial, cremation, or removal. WAPORTANT: If them 21 is marked or item 18 requires that the death certificate be offending physicion

FOR STATE DI

STATE OF MARYLAND		0	(")
EPARTMENT OF HEALTH AND MENTAL HYGIEN	help	Em	0
CERTIFICATE OF DEATH	DEC	NO	

REGISTRAR				CEKITI	ICAIE UI	DEATH		REG. N	Ο.			
1. DECEASED NAME	FIRST		MIDDLE		LAST		2a. DATE	OF DEATH	MONTH	DAY YEAR	20 11	IOUR
	OBERT	W	ARREN	PC	DWELL		NOVE	MBER 7	7 198	1/1	8	:55A M
3. SEX	4	RACE		S. DATE (OF BIRTH	YEAR		IN YEARS LAST BIR	THDAY)	MONTHS DA		NOER 24 HRS
Male		White	;	Feb	-	1918		66	YRS	MOI CITIS DA	3 1100	MIN.
70. BIRTHPLACE (STATE OF E	OREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	D TO NEVE	R MARRIED	9 BALTIN	AORE CITY	R COUNT	OF DEATH		
West Virgini		U.S.A		WIDOWI	ED 🗌	DIVORCED [All	egany			MD
10 CITY OR TOWN OF DEA	and the	(IF NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVE STR	EET ADDRESS)		ISTITUTION L CENTER	(TYPE OF W	LOCCUPAT ORK FOR MOST O		126 KINI INDUST Coun	of Bus	iness or Circu
USUAL RESIDENCE (IF NURS		ER INSTITUTION.		FORE ADMISSION) DWN	13d INSIDE	CITY LIMITS?	13e STREE	T ADDRESS		1 11	144	9
M FATHER'S NAME Clarence	John		Powelî		15 MOTHE	r's maiden na first Mary	AME	Jane		Pownal	1AST	
160 WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17 INFOR			ADDRI	ESS			
YES NO OR UNKNOWN)	W. W.		220-10-	-5692	Jo Ar	ne P. P	owell	, P. O	. Box	135,	Romr	ey,WV
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only of AS CAUSED E	Y- /			1 -		•			BET WE	OXIMATE I	AND DEATH
PART 2 OTHER SIGN 190 DATE OF OPERA 210 ACCIDENT WAS UND	NIFICANT CO		DNTRIBUTING T				20a AU	JTOPSY?	20h IF YE IN CERTI	S, WERE FIN	DINGS L	EATH?
71n ACCIDENT WAS UND	DERLYING -	71b. TIME O	FINILIRY		121c HOW	INJURY OCCUR	YES [NON	YI	PART L OR PART		
	AUSE OF DEATH	HOUR A.	M. MONTH			maon occon	((((()	THE OF THE				
OR CONTRIBUTING 1	RED	P.: 21e PLACE ((AT HOME STR		CE FARM ETC.	211 LOCA			CITY OF TO)wn	COUNTY		STATE
22a I certify that (1) sow the decease obove, (1) we)	this hospital				nd Hat in Ca	, 19 (our) opinion	deoth occur	red on the d	ote and hou	19 Jun and Irom	I that	(we) lost s stated
22th SIGNATURE	10%	MIL	ller	bzg	DEGREE			OR PHYSIC		22c. DA	JE SIGN	1 8
			ENBERGER	. //	122	South C	Centre	St.		/		
230. BURIAL, CREMATION,		MILTI 23b. DATE				Cumberl	and,	Maryla CATION	nd	21502		
(SPECIFY) Burial	KEMOVAL	11/10/				Cemeter	(NWOT RO YTI	Uamna	COUNTY	1,117	STATE
24 FUNERAL DIRECTOR	Keith	9 92	affer ADDRES	LiiuLaii	HOUIIG			mney Y REGISTRAR	Hamps 25b. REGIS		VATURE	
Shaffer Fu	uneral	Home,	Romney,	, WV 2	6757	NOV 1	3 600	1 Juli	David	m-Afra	طالعا	

TO HOSPITAL OR ATTENDIN DHMH - 16 50M 4/83 (VRA 15, 4)



John J. Hafer, Jr. LaVale, MD

HAFER FUNERAL HOME

1302 NAT. HGY.

LAVALE, MD 21502

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

ARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 7s. USUAL OCCUPATION 17% KIND OF BUSINESS OF PADUSTRY THE OF WORK FOR MOST OF WORKING LIFES. Retired Farmer 134 STREET ADDRESS, DWIR Loudermilk Preston - same as above IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES TT NO [] THE HOW INJURY OCCURRED. TIMES NATURE OF PULLEY INVITED AND LOSS A CITY OF TIDMY COUNTY STATE and that in Imy) (our) opinion death accurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN 907 SETON DRIVE., CUMBERLAND.MD 21502 Cumberland, Alleg.,

REG. NO.

1984

WILLIAM THE WAR

26 HICKIN

DHMH - 16 50M 4/83 (VRA 15, 4)

N. FUNERAL DIRECTOR

Wellow Apr of, 1918 Sept 66 ASS SHEET STAN John D. Prayson Ruthie Loudermilk No. 1 to the contract of the c areas or consistent with the same and the first than dit . salla . Sumberland . Sumberland . Alleg. . ID John J. Hatter, Jr. Levely, Mr. May 2 8 MM July 1 July

completely filled in by the funeral director, page 3 1,1 and 2 should be filled within 72 hours after death

requires that the death certificate be executed within 24 hours after death. Page

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR			DEFA	CERTIF	ICATE OF D	EATH	REG.	NO.			
	CEASED NAME	FIRST		MIDDLE	1.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUF	R
	E OR PRINT]	BETTY		JANE	PI	RICE		Novembe		1984	9:05	AM
3. SE	Х		4 RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	HOURS	24 HRS
	Female		Whi	te	July		925	59	YR	morning barry	HOURS	M IN.
	IRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8			9 BALTIMORE CITY				
1	Md.		U.S	Δ	WIDOWE	NEVER A	ORCED	Allegany				145
10. C	ITY OR TOWN O	FDEATH		HOSPITAL, NUR				170. USUAL OCCUPA	ATION	12b KIND	OF BUSINES	55 OR
1	umberlan			Lal Hosp				(TYPE OF WORK FOR MOS	Hou	SEWITE-		
USU 13a	AL RESIDENCE (1	NURSING HOME OF		GIVE RESIDENCE BE		1134 INSIDE CI	TV LIMITED 1	13e STREET ADDRES	C / 710 C/	200	1000	and the last
	Md.		egany	Cumber		YES 🏋	NO 🗌	5 Bellevu		OS!	20%	1
14. F/	ATHER'S NAME		MIDDLE	IAST			MAIDEN NAA	AE MIDDLE		IA	51	
	Clyde			Mu	11		Myrle			E	Ivans	
	WAS DECEASED		MED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMAL		5 Beir	evije	St.		
l '	YES NO OR UNKNOW	N] [IF YES, GIV	E WAR OR DATES]	219-14-	-6961	Willia	m W. Pr	cice Cumbe	rland	Md 21	502	
	IN CAUSE OF	DEATH (Enter or	ly one course per	line for (a) (b)	and ici A			Cambo	LIGHT	APPRO	XIMATE INTERV	VAL
	PART I. DEA	TH WAS CAUSE	D BY:	11	V-V					oc i with	UNSET AND L	Z ATT
	l .	IMMEDIA	E CAUSE (a)	Tryper	N CONCER	144	,					
			DUE TO, O	R AS A CONSE	QUENCE OF	1. tu	0/.00			Ì		
	Canditians, if gave rise ta		(b)	WIMO	M. C.	view	Chor					
	cause (a),		DUE TO, O	RAS A CONSE	JUENCE OF					İ		
	Underlying 1	dose last.	(c)_(Keur	e (1	mee	١ .					
7	PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING !	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	MOITION	GIVEN IN PART 1	la	
0 N												
CERTIFICAL	190 DATE OF OI	PERATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b IF	YES, WERE FINDI	NGS USED	H2
(≅.								YES NO		YES [NO [
H	210. ACCIDENT W.				DAY V540	21c HOW IN.	URY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM	18 PART I OR PART ?)		
		CAUSE OF DE	NIH .	M. MONTH	DAY YEAR							
MEDICAL	21d INJURY OC			OF INJURY	17	211 LOCATIO	N					
A	WHILE N	OT WHILE	(AT HOME ST	REET FACTORY OFF	CE FARM ETC)	STREET		CITY OR	IOWN	COUNTY	51	TATE
		at (I) (this haspi	and) national at		_		10			10	4	
						d that in (my)	, 19	leath occurred on the	date and l		that (1) (w	
	above, (1) (ceased alive an we) (did) (did no	the bady	after death.				- Commented on the	date and i			Ted
	228. SIGNATUR	W	//		· ·	DEGREE A	TTENDING _	MEDICAL SI	TAFF	776. DATE	ESIGNED	
	He	Pen	//-			P	HYSICIAN [DIRECTOR PHYS	SICIAN			
1	22d. PHYSICIAN	'S NAME	m 20041)			22e ADDRESS	Memori	ial Hospit	al Me	dical Bu	ildir	12
	Dr. H.	Merric	k				Cumber	cland, MD	215	02		0
	BURIAL, CREMAT			2	3c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
	(SPECIFY) Buri	al	Nov. 2	L,1984 F	Rocky Ga	ap Vet.	Cemt.	Flintsto	ne A1	legany M	d.	STATE
24 F	UNERAL DIRECTO						AMSADAN	PCT OF GIST	ABUSh MCC	ASTRACT MANA	LRO_	<u>.</u>
	NAME		20201 0	41/264	DEcatur	L DL.	MANA S	11 30	Markey	Acros Mario	2000	1
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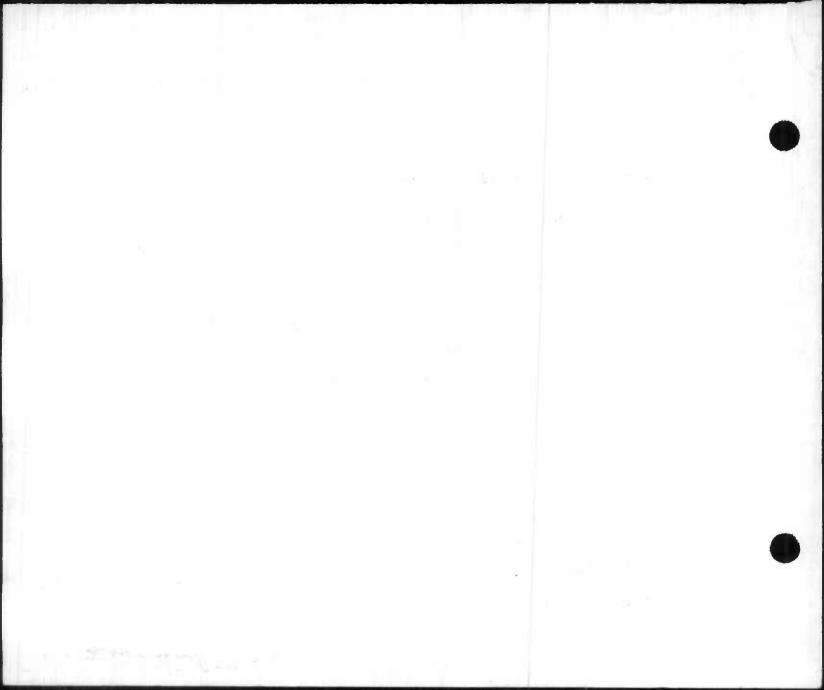
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TO HOSPITAL

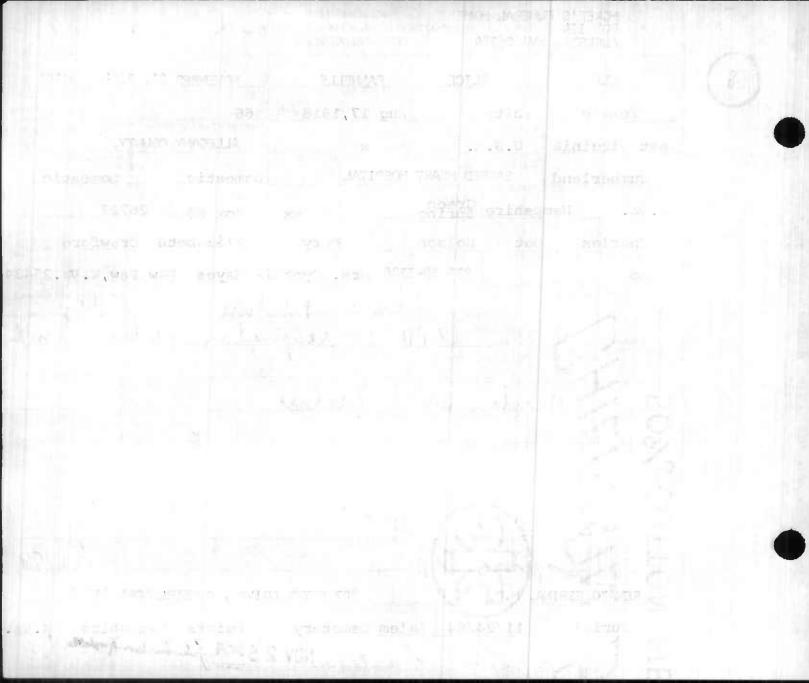
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

marked ar Item 18 shaws any injury, ar other traumatic event.

IMPORTANT: If them 21 is



1		REGISTRA AUGUSTA, CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
)		CLEO	ALICE	RANNELLS	NOVEMBER 21, 1984 9:10A
	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS
	_	Female	White	Aug 17,1918	66 YRS.
L		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
/		est Virginia	U.S.A.	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	ALLEGANY COUNTY, M
9	1	Cumberland	SACRED HEAR	T HOSPITAL	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Domestic Domestic
	13a. V	STATE NAME V. Va. Ham ATHER'S NAME	pshire Spring	WN 134 INSIDE CITY LIMITS?	
14	1	Charles	Oat Nelson	n Marv	Elizabeth Crawford
		WAS DECEASED EVER IN U.S. AR			ADDRESS
0	(NO NO OR UNKNOWN)	233-50	-3786 Mrs. Cynth	ia Hayes Paw Paw, W. Va. 25
		PART I. DEATH WAS CAUSE	nly ane couse per line far (a), (b), c ID BY. TE CAUSE (a) DUE TO, OR AS A CONSEQ	lean far	Approximate interval BETWEEN CHISET AND DEATH Approximate the conservation of the con
4				701 1 4 6 : -	- A 10 . 10.
v other trou		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF	nator failer was
A show the state of the state o	CATION	gave rise to immediate cause (a), stating the underlying cause lost.	conditions contributing to		MINAL DISEASE OR CONDITION GIVEN IN PART I TO 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED THE CEPTIFYING CALLES OF DEATHS.
or of my myory, or other trop	RTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM THE OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
29	CERTIF	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATE BUT NO RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
riced on lifeth to some day injerty, or other trou	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT IN THE CONTROL OF CONTRIBUTING CAUSE OF DE CHETCHER NOTIFY MEDICAL EXAMINE CONTRIBUTRY OCCURRED	CONDITIONS CONTRIBUTING TO	D DEATH BUT NO RELATED TO THE TERM H OPERATION WAS PERFORMED 21t. HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
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completely fill 1 and 2 should TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows

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(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

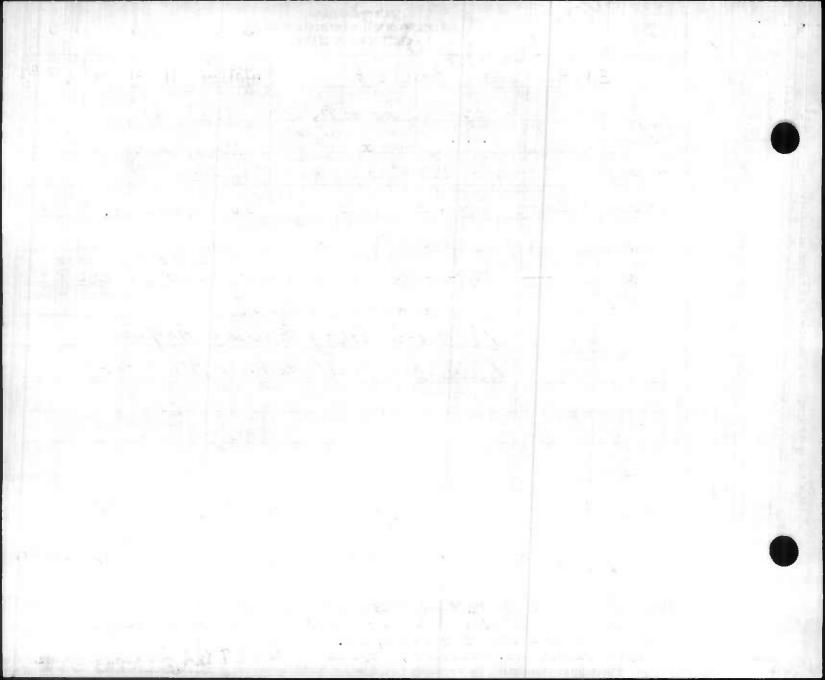
CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

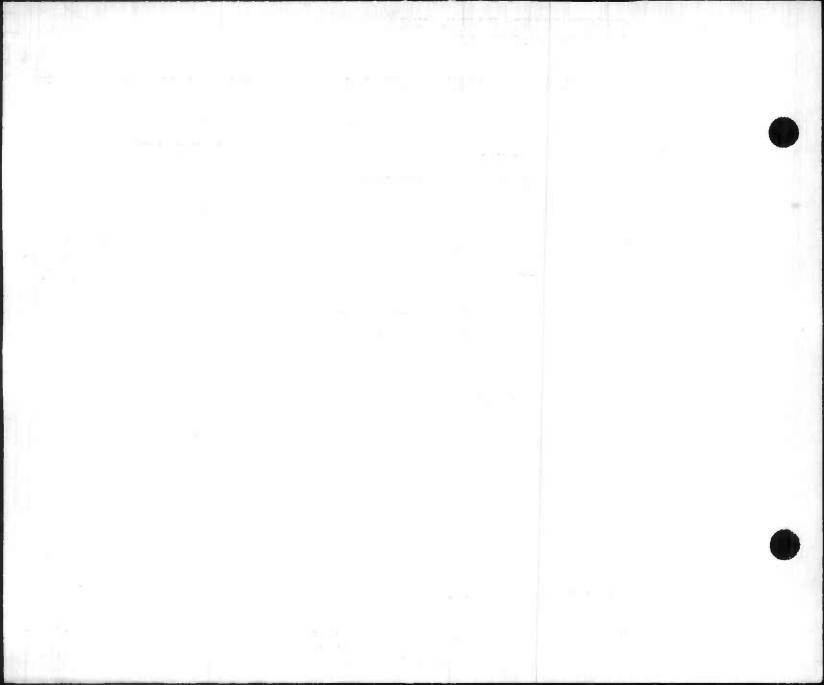
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3 SEX			4 RACE		5 DATE O		6. AGE (IN YEARS LAST I	BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 2	AIN
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STA	yland		U	.S.A.	WIDOW		Allegar	T Cou		CAIII		MD.
	stburg	ITH	Frostb	HOSPITAL, NURSIN HEACKITY GIVE STREET, UTG VILLA	G HOME (ursing Home	(TYPE OF WORK FOR MOS Housewi	TOF WORKING		I. KIND O	f BUSINES	SOR
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14 FATHE	R'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			LAS	T	
	enjamin		ubin	Durst	-	Sarah	Ann			Sha		
	DECEASED EVER		MED FORCES? EWAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	629	RESS ary	land	Av	enue	
	No	_	. des des pass	220-10-4	186	Eleanor Stit		berla		Mary	land	
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W	INJURY OCCURE	HILE	210 PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITYORI	OWN	cc	OI /	STAT	TE .
27%	I certify that (M sow the decease above, (I) (we) (c SIGNATURE PHYSICIAN'S MA	ed alive an	If view the body	Tarn Terra	MIDI	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN (22x ADDRESS		AFF		/		ed
23a BURIA	AL CREMATION, Burial	REMOVAL	73) DATE			EMETERY OR CREMATORY	236 LOCATION	and	V Lenn.	r ganv	MSJATI	

14 FUNERAL DIRECTOR Leasure-Stein Funeral Home, Inc. NAM230 Baltimore Ave. Cumber and, Maryland



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TTENDS potal or TOR vite of Healt		22a I certify that (1) sow the decease above, (1) (we) (c	ad alive on	11-11	10	51	nd that in (my) (our) opinion (to 1 - 11 death occurred on the dat	e ond hour and fr	
TAL OR A y the house AL DOREG detected one Dept		226 SIGNATURE	and a	Schene		4		MEDICAL STAFF DIRECTOR PHYSICI	/ /	DATE SIGNED
O FUNES O FUNES O FUNES OF SA		22d PHYSICIAN'S NA RICHAI		HINDLER				STREET CUMBE	RLAND, M	D.21502
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	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter de

1	1 DE	REGISTRAR CUM	entar	ia, MD	ZIJUZ	1	12A	REG.	MONTH	DAY YEAR	2b. HOUR
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100 M	13a S		13b COUNTIES	TY	13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS		_	L524 cigan
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y injury, or other	ATION	gove rise to imm couse (a), stating underlying couse	lost	DUE TO, O	ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	DISCLES AINAL DISEASE OR CO Scon 200 AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or ottending physician.

	1. DECEASED N	AME FIRST	MIDOLF		LAST	20 DATE OF DEATH	MONTH DAY	Zb HOUR
	(TIPE ORPRINT)	ERMA	PEARL	ROBIN	ETTE	NOVEMBER 6	1984	4:50
	3 SEX		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS
	_fema]	.e	white	09	9-12-1918	66	YRS.	
20	To BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
U	MD		USA	WIDOW		ALLEGANY		
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1	160 WAS DECE	ASED EVER IN U.S. A	IVE WAR OR DATES)	TAL SECURITY NO.	17. INFORMANT	ADDR	ESS	
/	no	(" 163,0	218	-07-8430B	Joseph F. Ro	binette, Cu		
	18 CAUS	E OF DEATH (Enter of DEATH WAS CAUS	only one couse per line for to	o), (b), and (c).)			BE	APPROXIMATE INTERVA
		ns, if any, which se to immediate (a), stating the	DUE TO, OR AS A CO	rephr	osclerosi z mell	The		5 7)
	gove ri couse underlyi	ns, if any, which se to immediate (a), stating the	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT (Diabetic)	ONSEQUENCE OF	Sclerosi Smell I NOT RELATED TO THE TERM ON WAS PERFORMED		20b. IF YES, WERE	FINDINGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE!

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	CEASED NAME	FIRST MIDDLE		MIDDLE	LAST			20 DATE OF DEATH MONTH DAY			26 HOL		
11111	CHERRY	DAV]	D	W	I	ROSS		November	26,	1984	8:4	5 A _M	
3. SEX			4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS		R 24 HRS		
Male			White		*3 31 1502		82	Υ	RS.	HOURS	IMAN.		
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			76. CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CIT	Y OR COL	NTY OF DEATH				
							Allegany						
10 CITY OR TOWN OF DEATH			11. NAME OF I	HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION			126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING (HEE) INDUSTRY					
Cumberland			Memorial Hospit				Carpentar Self						
13a STATE 13b CO			PROTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY Barton				Y LIMITS?	13e.STREET ADDRE	SS / ZIP C	21521			
14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S		ME MIDD			AST		
	Henry		Ross	LASI		Mar	y.	Ellen		ooks	ASI		
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	A	DDRESS		_		
(YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-16-9	9064	Mr. Ma	rtin B	erry La	nham	Md.			
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT												
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)												
MEDICAL CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which ((b)												
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
	underlying couse lost (c)												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
			101 60110					Tan All Tong va	201	EVEC WERE EINE	NICC LICE		
	198 DATE OF OPERA	IION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				WED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
	218 ACCIDENT WAS UN	DEBLYING F	21b. TIME O	E INTITIDY		121, HOW IN I	IDV OCCUPE	YES NO		YES	NO [
	OR CONTRIBUTING CAUSE OF DEATH				TH DAY YEAR			(ENTER NATURE)	INTOKA IN ITE	W IS PART OR HART Z			
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e			P.M. 1e PLACE OF INJURY		211 LOCATION							
			(AT HOME STE	REET FACTORY OFFICE, F	ARM ETC)	STREET		CITY	ORTOWN	COUNTY		STATE	
	AT WORK AT WO				- 3	///	1		11/16	14			
	22a 1 certify that (1) sow the deceas		21 /2	e deceased from19	w	ad that in (my) (, 19 dinan	death occurred on t	he date and	t how and from th	that (I) (we) lost	
	obove, (I) (we) (did) (did m	r wew the body	ulter death.				Scotti Occorred on 1	ne dore one			Oleo	
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 226. DATE SIGNED												
	PHYSICIAN DIRECTOR PHYSICIAN ADDRESS												
	Dr. Peter Halmos					Memorial Hospital							
20				100	LAME OF S	L Cumbe	rland,	Marylan	d 21	502	-		
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	_ 11/2			EMETERY OR CE		23d LOCATION CITY OR TOW	N 433	egany M	arvla	rd	
24 E	DUFTAL	10/11	201	A ort Tra	urel	Hill Ce	netery	Barto n	MALL	-Dan 70-	TARRE	,	
44.5	Boals Fune	ral S	ervice	Western	ort M	d. 2156	E ANN	1994	-	· · · · · · · · · · · · · · · · · · ·	11.11.15	7	
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

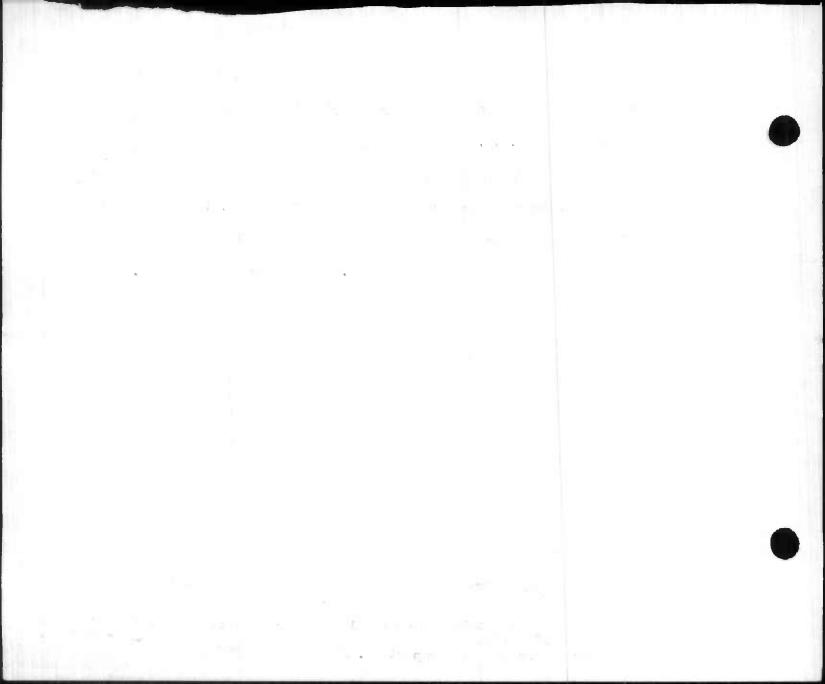
INPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examine

requires that the death certificate be executed within 24 hours ofter death. Page

TTENDING PHYSICIAN: The low

TO HOSPITAL OR A

retained by the haspital or ottending physician.



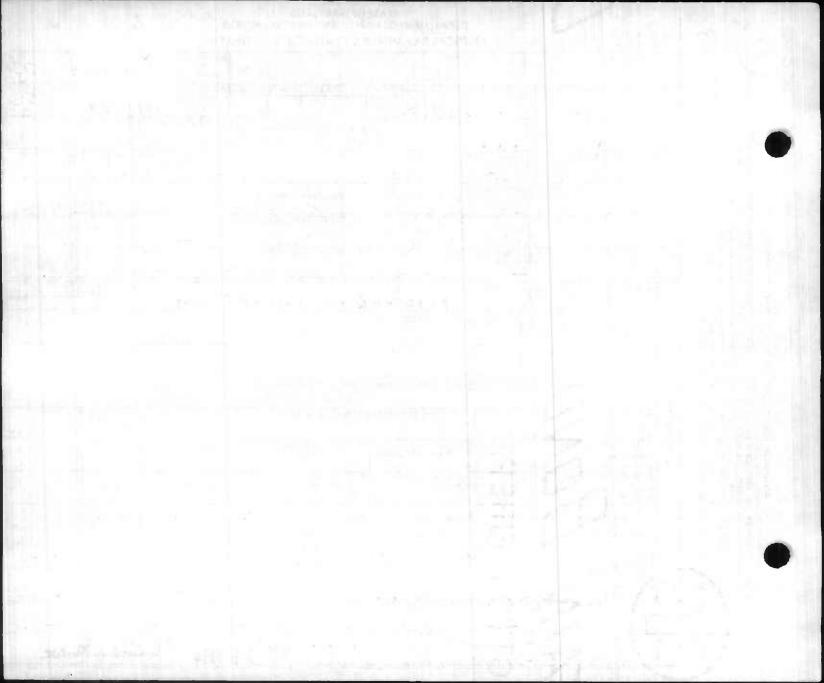
20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE-

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		TATE EGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATE C	OF DEAT	TH RE	G. NO.		
		EASED NAME OR PRINT)	FIRST		MIDDLE		DAL/	20	OF ESTI-		1 8 4	26 HOUR
			JUSTIN		CARL		ROY		DEATH MATE	D L	DAY YEAR	AM
	sex Mal	le Wh	rite	Aug. 25,	, 1930 54	E (IN YEARS IF U	UNDER 1 YR. IF UNDER	MIN. PR	RONOUNCED DE AD	11/11/0	54 19	5:30
7a.		THPLACE (STATE OR	A .	76. CITIZEN OF WH		8 MAI	RRIED W NEVER MARR	PIED 9	BALTIMORE C	CITY OR COUNT	Y OF DEATH	-
0	We!	st Virgin	ria	U.S.A.		WIDO	70		Alleg	any		MD.
ID.	CITY	Y OR TOWN OF DE	EATH				THER INSTITUTION	120 USUA	AL OCCUPATION		126 KIND OF BU	
		nberland RESIDENCE (IF INN	NURSING HOME (Memoria OR OTHER INSTITUTION, GIV	ACILITY, GIVE STREET ADD LANGUE HOSPIT IVE RESIDENCE BEFORE A	tal		Self-	-employe	ed:BUs		Driver
13e	STA	ATE	136 COUNT	ITY	Cumberl	NWC	13d INSIDE CITY LIMITS? YES NO		ET ADDRESS	420+ / S	21502	
		ryland	Alleg	any	Teumber	.ana	15. MOTHER'S MAID		Gay St	reel 1 c	21502	
17.	_	FIRST	,	MIDDLE	D		FIRST		MIDDLE		D = 0	
164		ames As deceased eve		William MED FORCES?	Roy	CUPITY NO	Martha 117. INFORMANT	L	ADI	DRESS	Reel	
100	(YES	, NO, OR UNKNOWN)		WAR OR DATES				101				0-0
	No	2			232-48-	-2015	Gladys Ro	ry-ADd	ress san	ne as #1		-
				nly one cause per line							APPROXIMAT BETWEEN ONSE	
		PART I DEATH		TE CAUSE (o)	MYO	CARA.	AL INF	ARC	TION			
			Www.ta.ta		R AS A CONSEQUE							
		Conditions, if										1-21-
		gave rise to couse (o) statin		· · · ·	R AS A CONSEQUE	ENICE OF						
		lying cause las		00010,00	AS A CONSEQUE	INCL OF					13-	
	-	and a printer constant		(c)								
NC	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 212 TO THOME. 213 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 214 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 215 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 216 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 216 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 217 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 218 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 219 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 210 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN								4			
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S.	N. I	210 EXTERNAL CAL		21b. TIME OF			HOW INJURY OCCURRE	ED LENTERNA	TURE OF INJURY IN I	ITEM 18 PART 1 OR PAG		7674
1	1	UNDERLYING CONTRIBUTING	OR TO ALISE OF		A. MONTH DAY							1000
210	2 5	21d. INJURY OCCU			OF INJURY (ATHO	19 10ME. 21f E	LOCATION				1 10	
1			T WHILE WORK		TORY, FARM, ETC.		STREET		CITY OR TOWN	COL	UNIY	STATE
	-	AT WORK AT	WORK	,								
		22a. I certify tho	it I took chorg	ge of the remains des	scribed obave, hel-	d on Autr	apsy , Inspectio	on X.	Inquiry X.	ond in my op	non	
		deoth resulted fra	am: Natur	rol causes .	Accident,	Suicide [, Homicide .	Undeter	mined manner			
		(1.			0	TITLE (SPECIFY)					,
		ACTUAL) Love	mi III	outral	nalb	M.D. AEPUT	4 MEDIC	CALEXAMINER	DATE	11/13	184
1		SIGNATURE	1	1450	CI/VII	1	M.D.	MEDIC	ALEXAMINER	SIGNE	0	
1	E	XAMINER'S NAM	Ciana	nni Mastra	2122282	10	ADDRESS 900 S	Sotan 1	Drive-C	umbohlas	ad Md	21502
22	- 011	RIAL, CREMATION.	GX OVUY	WA MOSANO	crigero, w	OF CEMETERY	OR CREMATORY	23d. LOC		unbellur	iu, mu.	21302
1	(SPI	ECIFY)	REMOVAL					CITY OR	PIOWN	J A D D - O	ity s	STATE
		rial NERAL DIRECTOR		11-14-84			norial Garde	enb-cu erec'd. by r		d-Allego		-Ma.
	- 1	NAME	veorige	e-Upchurch			r.A. NOV			lia Davidso		
L	20	2 Greene	Stree	t-Cumberlo	and, Mari	yland?	1502 NUV	13	904 A	THE POLICE OF	Madare	Ko

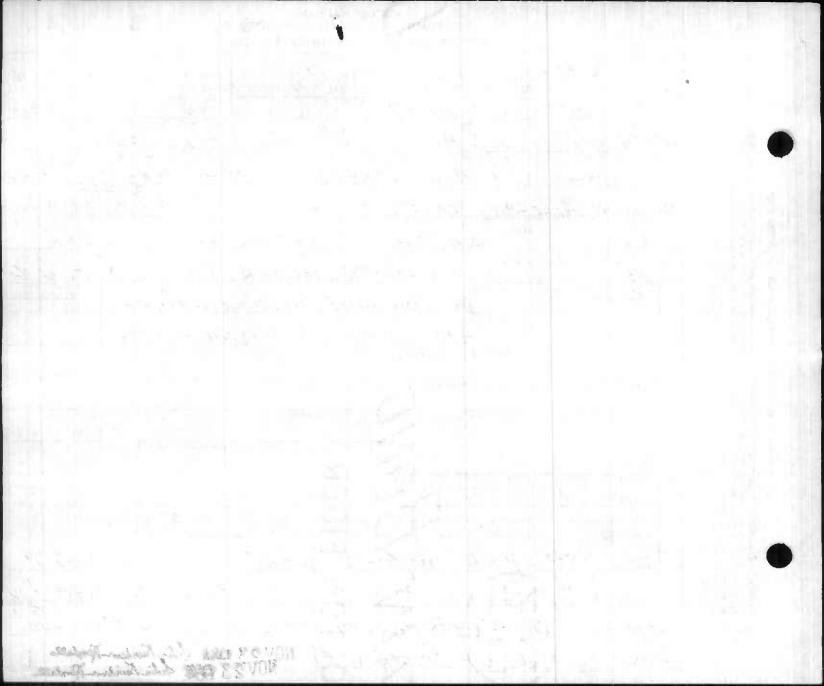


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, WE 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. F ANY DELAY IS NECESSARY REASE

1. DEC	OR STATE SEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGENE	of this one
R 1. DEC (TYPE		AAFOLOAT EVALUATERIO O OFFICIO A SE OFFA TII	
(TYPE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	EASED NAME OF FIRST	MIDDLE JAST 20 DATE KNOWN MONTH	DAY YLAR 76 HOL
CEEN.	Catheri	ul Ann Schultz DEATH MATED 11	13 1984 3:00
-Great		ATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 2d HOL
	F WHITE TO	UNE 30.1937 4 7 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 11	13 1984 5:01
e. BIR	THPLACE (STATE OR 7b. C	TIZEN OF WHAT COUNTRY?	
m	AKYLAND	U. S. A. WIDOWED DIVORCED ALLEGAN	Y N
10 CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
K	OSTBURG	18 MILL STREET HOMEMAKER	OWN HOME
USUAI	RESIDENCE (IF IN NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 CTTY OR TOWN 134 INSIDE (ITY LIMITS? 136, STREET ADDRESS 10	,32
4/6	RVLAND ALLEC	VANY FROSTBURG YES NO []	st troothus
I4.FA	THER'S NAME	DIE LAST PRIST MOTHER'S MAIDEN NAME	
0	A E O	SMITH KATHERINE	LARR
Tâu. W	AS DECEASED EVER IN U.S. ARMED F	ORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	e
(YES	S, NO, OR SHKNOWN) {IF YLS, GIVE WAR OR	215-34-474N HAPIEC N SCHULTZ /2	PASTROPE MI
	18 CAUSE OF DEATH (Enter only one	representation for (a) (b) and (a)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY:	Disservingelid Carringmenters	BETWEEN ONSET AND DEAT
	IMMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which	Add a consequence of to Day of warder	
	gave rise to immediate	(b) Narewocontacy Caremonic.	
	lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
	((c)	1
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
5			
E	216 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PA	YES NO
	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	n 1 2 j
5	CONTRIBUTING CAUSE OF DEATH		
-		21e PLACE OF INJURY (ATHOME, 211 LOCATION	
66.0	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COI	UNTY STATE

(VR A15 ME (5)) 20M 4/82



1-	FOR STATE
1. DEC	REGISTRAR CEASED NAME
1YPE	OR PRINT)
3 SEX	
M	ale
70. BI	RTHPLACE (ST
	TY OR TOWN O
USU	Cumberla AL RESIDENCE
Ma	aryland
	THER'S NAME
14 14	As DECEASED
	res, no or unkno
	18 CAUSE OF PART I. DE.
MEDICAL CERTIFICATION	Conditions, is gove rise to couse 101, underlying PART 2. OTHE 19a DATE OF C 21a. ACCIDENT V OR CONTRIBUTING (IF EITHER NOT) 21d INJURY O white AT WORK 22b. SIGNATU 27b. SIGNATU The PHISTAN Dr. An
	70. BI M.: 70. BI M.: 10. CT CT CT CT CT CT CT CT CT CT CT CT CT

STATE OF MARYLAND DEPAR

TM	ENT	OF	HEA	HTJ	AND	MENTAL	HYGIENE	
	- 140 -					DEATH		

REG. NO.						
Nov. 1, 1984	DAY	1	YEAR	26 HOU 2:]	.5P M	
6. AGE (IN YEARS LAST BIRTHDAY)	IF	UNDE	RIYEAR	R IF UNDER 24 HRS		
78 YRS.	MO	NIHS	DAYS	HOURS	AN INL	
Allegany	YO	F DE	ATH		MD	
12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING I	LIFE)	IND	KIND O USTRY	F BUSIN	SS OR	

SEX	4 RACE		3. DATE	OF BIRTH		O. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HK2
Male	White		Augu	ist 30,	1906	78 YRS.	MONTHS DAYS	HOURS	AA INL
6. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?		8. MARRIED X NEVER MARRIED WIDOWED DIVORCED			Allegany		MD.	
Cumberland	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INST	TITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Retired	126 KIND C INDUSTRY Hospi		ESS OR
USUAL RESIDENCE (# NURSING HOME O 130. STATE 13b. COU Maryland Alle	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cumberl	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / ZIP COD 601 Piedmont	Ave.	15%	2	
4. FATHER'S NAME FIRST Asa Shanholtz				15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Katherine Shertzer					
60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) JIF YES, G	RMED FORCES? IVE WAR OR DATES)	217-10-6		17 INFORMA	NT	ADDRESS hanholtz, Cumber	land Md	. Wi	fe
PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	EÓ BY: ATE CAUSE (0) DUE TO, O	R AS A CONSEQUE	NCE OF	cay			BET WEEN	UMATE INTE	RVAL DEATH
7	CONDITIONS C		EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1	0	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO | NOL YES [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH

P.M EITHER NOTIFY MEDICAL EXAMINER) 19 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that it (my) our) opinion death occurred on the date and hour and from the causes stated

sow the deceased give on obov (1) we (did) did not) view the body ofter death 22c. DATE SIGNED 226 SIGNATURE DEGREE -0 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS

Dr. Anthony J. Bollino, M. D.

274 PHYSICIAN'S NAME OF OUR CHEST

Walter

C. Shanholtz

922 Frederick St., Cumberland

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Cumberland, Allegany Burial Sunset Memorial Parl

14 FUNERAL DIRECTOR NAME AND RESS P. Scarpelli, Cumberland, Md

25 REGISTRAR'S SIGNATURE 40

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE-

2	8	17	63	6
REG N				

- STATE REGISTRAR			NER'S CERTIFICAT	
I. DECEASED NAME	FIRST	WIDDLE	LAST	2a DA

	(TYPE OR PRINT)	E FIRST		WIDDLE		LA	ST			OF ESTI-	HTMOM	DAY YEAR	26 HOUR
	(THE ON THAT)	Alvin	Andrew Sl	humak	er. Sr					DEATH MATED	Nov	2119 84	1719
	3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UND			R 24 HRS.	A. DAIE	MONTH	DAY YEAR	24 HOUR
}	М	Cau	Oct. 19.		77 YR	MOITHIS	DAYS	HOURS	MIN	PRONOUNCED DEAD		21 19 84	1719
2	FOREIGN COUNTRY)		76. CITIZEN OF WH	AT COUN	TRY?	8. MARRIED	DE NE	VER MAR	RIED	9. BALTIMORE CITY OR	COUNTY	OF DEATH	
5	Maryland		USA			WIDOWE	_	DIVOR	-	Allegany			MD.
-	O CITY OR TOWN	OF DE ATH	II. NAME OF HOS			, OR OTHER	INSTITU	TION		MOST OF WORKING LIFE)	F WORK	26 KIND OF BUI	
1	Cumberla	and	Sacred 1			tal			-	penter	b	onstruc	
20	SUAL RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIV		OR TOWN		ad. INSIDE C	ITV HIMITCO	1120 575	REET ADDRESS			
5	Maryland	Garre			ntsvil!		YES 🔀	NO E		Main St.	2	1536	
1	14. FATHER'S NAME	E	MIDDLE		LAST	1		R'S MAID	DEN NAM	MIDDLE		LAST	
	Abraham	a		Shum	aker		S	tell	a		Но	usel	
2	160. WAS DECEASE		MED FORCES?	16b. SOC	IAL SECURITY	NO. 1	7. INFOR	THAN		156 Main St.	. P.	O. Box	32
-	No	(11-125, 0102		170	-18-004	43	lay S	huma	ker.	Grantsville.		21536	
			ly one cause per line			71117						APPROXIMATE BETWEEN ONSET	
6	PARTIDE	EATH WAS CAUSED	E CAUSE (o) Ca	rdiac	arres	t							
		WWWEDIAI		AS A CON	SEQUENCE C	OF.			11-7-			sudder	1
		ns, if any, which										C 18	
		ise to immediate) stating the under-	DUE TO OR	ronar	y arte	ry He	art l	Disea	ise		-	year:	5
	lying cau	use last.											
	BARY 2 DAMES CO	CHIEFCANT CONDITIONS	(c)	MIT MOT OF .	TEO TO THE TEOM	WAL DISEASE	D COMPLETE	N CHUEN IN C				1	
	_		CONTRIBUTING TO DEATH I	IDI MUI KELA	IED ID INF IERM	MAL DISEASE I	IK CUMUIIIO	M GIAFN IN I	TARE 1 IS				
	Z I	Hypertens	TOU										

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)

216 TIME OF INJURY

211 LOCATION STREET

CITY OR TOWN COUNTY

STATE

Penna.

20 AUTOPSY?

YES

NO X

WHILE AT WORK 220. I certify that I took charge of the remains described above, held on death resulted from

218 EXTERNAL CAUSE WAS

MEDICAL CERTIFICATI

X Autopsy Inspection Homicide Undetermined monner

and in my opinion

SKINATURE EXAMINER'S NAME (TYPE OR PRINT)

Burial

Snow. M.D. Paul

Nov. 24, 1984

Notural couses

Memorial Hospital

Champion, Fayette,

BP.

DHMH - 17 (VR A15 ME (5)) 20M 4/82

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT, OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIED.

24 FUNERAL DIRECTOR

230 BURIAL CREMATION REMOVAL 236 DATE

Grantsville, MD

Mt. Nebo Cemetery



TITLE (SPECIFY)

10.04 the females of

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

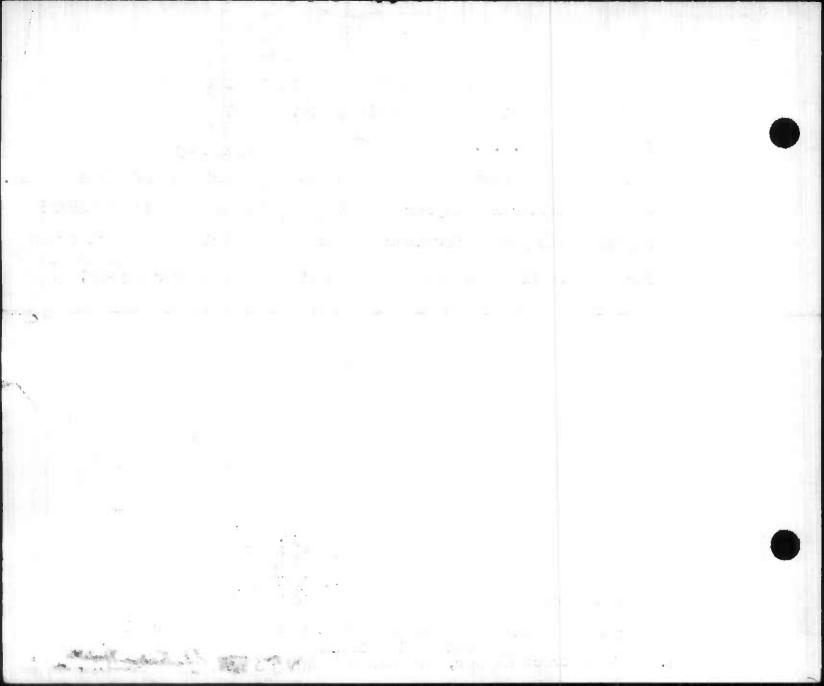
Lan	Ö	1	4	4

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO)	
1. DECEASED NAME FIRST	MIDDLE	L	AST		MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT) BOYD	Ε.	SHUMA	KER	NOVEMBER 6.	1984	5:20A M
3. SEX	4 RACE	5. DATE C	F BIRTH	& AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE	
Male	White	Apri	1 18 1917	67	YRS.	YS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		
COUNTRY)	U.S.A.	WIDOWE		Allegany	,	MD.
10. CITY OR TOWN OF DEATH	11. NA ME OF HOSPITAL, NUR	RSING HOME C		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
CUMBERLAND	MEMORIAL HOSPI		EDICAL CENTER	Chan a sad on the	ndent Tra	nsfer Co
USUAL RESIDENCE (IF NURSING HOM)	or other institution give residence be JNTY 13c. CITY OR THE LONG TO Keys	OWN	13d. INSIDE CITY LIMITS?	85 Second	ZIP CODE Street	26726
A FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			
		naker	Zuľa	Wright	Lea Lea	therman
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRES	s 85 Secon	nd St
Yes WW	II 232-10	-5117	Anna Virgin	nia Shumak	er Keyser	r, WV
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	DIO - OUENCE OF	LASTIC ANE		BOLISM	IOXMANE INTERVAL EN ONSET AND DEATH
196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
00.000.000.000.000		DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART OR PART	21
THE STATE OF CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DECENOR OF DECEN	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC 1	211 LOCATION	HY OR TOW	YN COUNTY	STATE
22a I certify that (I) (this has	pital) attended the deceased fro	5m	. 19	to	19	that (I) (we) lost
sow the deceased alive of above (I) we (above and a 1726 SIGNATURE	w the body ofter death.		DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF	F DA	the couses stated
724 PHYSICIAN'S NAME (179)	Openi		MEMORYAL HOS	PITAL MEDI	CAL BUILDIN	dG
DR. QAMAR ZAM	AN		CUMBERLAND,	MARYLAND	21502	Travi
230. BURIAL, CREMATION, REMOVA	AL 236. DATE 2		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	a d'OUNTY	
Burial	Nov 8 1984	Queens	Point Ceme	tery Keys	ser Miner	al WV

DHMH - 16 50M 4/83 (VRA 15, 4)

(O FUNERAL DIRECTOR: Atter this certificate has been signed by the ottending physicion should be detached for use as the burnal-transit permit. Then please remove carbon papers. P with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or removal.

REALDRECTOR 85 South, Main Street.
Craig Rotruck Keyser, WV 26726 24 FUNERAL DIRECTOR



(2		CEASED NAME FIRST	inia Avenue Land, Md. 21502	CERTIFICA	AIL OI DEATH	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	{TYPE	OR PRINT)	Linda Iou Silbor			November 23,	1984 12:15A
rs aft	3 SE	x Female	White	S. DATE OF B	18747 24,1945 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 39 YR:	#FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 2 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY	MARRIED D	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Allegany Co	
of the		umberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Sacred Hea	T ADDRESS)		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Secretary	126 KIND OF BUSINESS OR INDUSTRY Tire Co.
must be	130	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) VN 136 and Y	I. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	St. 21502
(xomine)	14. F/	ATHER'S NAME Franklin W	MIDDLE 1A51	15	Daisy E	Baldwin MIDDLE	LASI
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 235-72		informant Ir. Larry W.	. Silber, Cumber	rland, Md. Hus band
gove rise couse (o), underlying		Conditions if any which	(JENCE OF			
s any injury, ar other train	ICATION		(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NO		20a AUTOPSY? 20h IF	GIVEN IN PART TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
1	AL CERTIFICATION	gove rise to immediate couse (b), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A CONSEOU (c) 19b CONDITION FOR WHICE 21b TIME OF INJURY HOUR A.M. MONTH IS	DEATH BUT NO	vas performed	20a AUTOPSY? 20h IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO}\)
0	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (c) 19b CONDITION FOR WHICE 21b TIME OF INJURY HOUR A.M. MONTH IS	DEATH BUT NO H OPERATION V DAY YEAR 19	vas performed	20a AUTOPSY? 20b IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO}\)
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State Dept of Health and Mental Hygiene I		gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTIFY MEDICAL EXAMINE) 210. I CERTIFY THOUGH (1) (this hospital of the contribution of the cont	DUE TO, OR AS A CONSEQUENCE ON THE PROPERTY OF	DEATH BUT NO H OPERATION V DAY YEAR 19 FARM, E1C 1	It LOCATION STREET 19 hot in (my) (our) opinion GREE ATTENDING PHYSICIAN (20a AUTOPSY? 20b IF IN CER YES NO STEEM NATURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2) COUNTY STATE 19 , that (I) (we) los
Dept. of Health and Mental Hygiene filtem 21 is marked or Item 18 shaws	MEDICAL	gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hospi	DUE TO, OR AS A CONSEQUENCE ON THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONDITION OF THE COND	DEATH BUT NO H OPERATION V DAY YEAR 19 FARM. E1C) DEC	It HOW INJURY OCCUR If LOCATION STREET 19 hot in (my) (our) opinion GREE ATTENDING PHYSICIAN (2e ADDRESS	20a AUTOPSY? YES NO NICE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN OTHER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2) COUNTY STATE 19, that (1) (we) los hour and from the causes stated

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be essented within 24 hours after a resumed by the hospital or attending physician.
Ben-	
AL RECO	The low
RDS, 20	saunba
*	t to
PREST	on dear
TS NO	h certifi
BALTI	cente tie
MORE, M	executed
ARYLAND	Lwithin 24
21201	Noun.

	ECEASED NAME FIRST	M	NODLE	L	IAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	PAUL	PE	PPER	SN	MITH	NOVEMBER	14,	1984	06:40
3. SI		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	ONDER 1 YEAR	#FUNDER 24 H
	Male	Whit	e		9,1903	83	YRS	DA13	, und
0. E	BIRTHPLACE (STATE OF FOREIGN	7h. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	COUNTY	OF DEATH	
	est Virginia	U.S.	Α.	WIDOWE		ALLEGANY	COUNTY		
100	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS
	Cumberland	SACRED	HEART H	DSPIT	AL	Salesman	1	Shri	bbery
O SU	JAL RESIDENCE (IF NURSING HOM STATE N3b CC		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	940	100
- Ballion		mpshire	August	a	YES NO X	Route 50) 2	26704	//
LE	ATHER'S NAME	WIDDIE	EAST		15. MOTHER'S MAIDEN NA	ME		LAS	ī
1_	Benjamin	Taylor	Smit		Martha			Pepper	
160		ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
	No		235-16-	2820	Mrs. Enola	a Smith	Augus	sta, W.	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DIATE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c)	And a conseque	ENCE OF	e cardion		ZL JOITION GIVE		
CATION	Canditions, if any, which gave rise to immediate cause (a), stafing the underlying cause lost. PART 2 OTHER SIGNIFICAN	DIATE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c) NT CONDITIONS CO	AS A CONSEQUE AS A CONSEQUE ONTRIBUTING TO E	ENCE OF			20b IF YES,	N IN PART 1:	a.
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73	PART I, DEATH WAS CAL IMMED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PART 10 DATE OF OPERATION	DIATE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c) 196 CONDITIONS CO	A A CONSEQUE A S A CONSEQUE ONTRIBUTING TO E FOR WHICH	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	ngs used Of death?
CERTIFICAT	PART I, DEATH WAS CAL IMMEE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PRE 19a DATE OF OPERATION	DIATE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c) 196 CONDITIONS CO 196 CONDITIONS CO HOUR A.A.	AS A CONSEQUE AND AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM HELAST fails IN WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	nGS USED OF DEATH?
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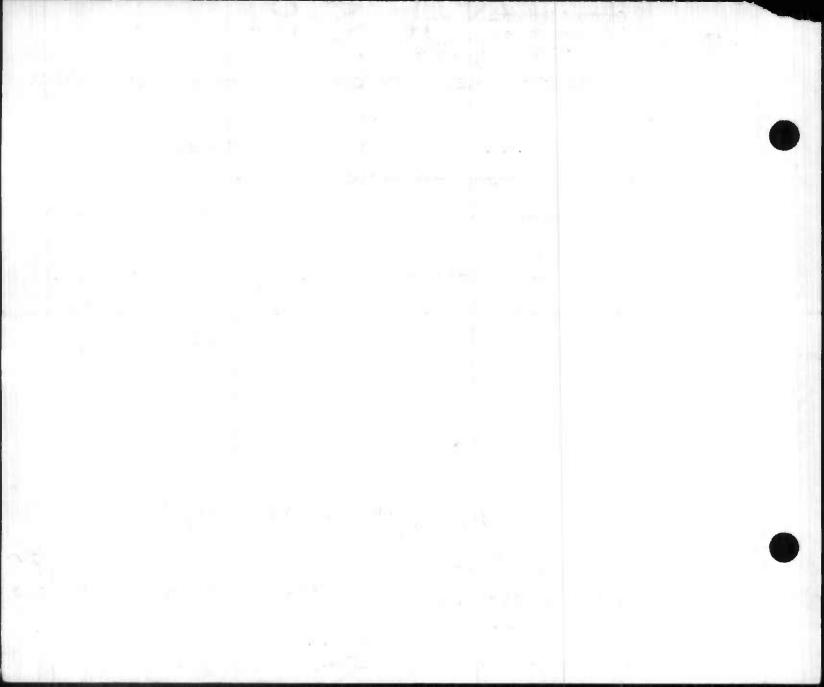
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

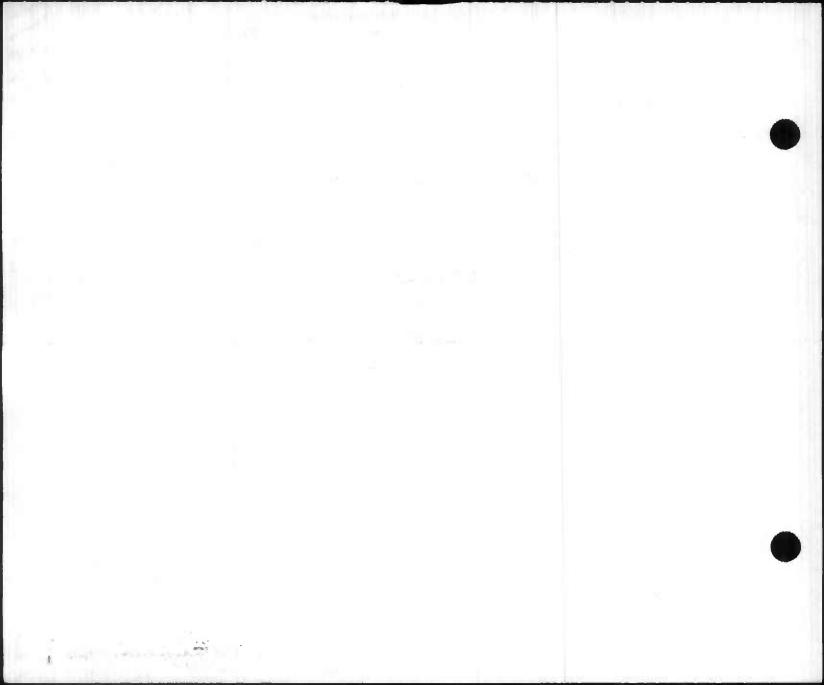
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	NC	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the lost	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEC	PIIC	RESPIRA EMIA S DF	۷	IVER		N IN PART III	a	
1	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	TION FOR WHI	CH OPERATION	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN		
7	MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	Р.	M. MONTH	DAY YEAR		CURRED) (ENTER MATURE OF INJUR			NO L	
	MED	AT WORK OCCURR	ILE	21e PLACE	OF INJURY SEET FACTORY OFFI	CE FARM ETC)	211 LOCATION		CITY OF TOV	VN	COUNTY	TATE	F
		22a L certify that (1)			e deceased fran		. 19		ta	19		that (I) (we)	
		saw the decease abave, (1) (we) (c	ed alive an , lid) (did nat	1) view the body	ofter death.	?, an	d that in (my) (aur) api	nion dec	ath accurred an the do	te and hour o	and Iram the	couses stated	t
		22b. SIGNATURE)_	gon			ATTENDIN PHYSICIA	10 0 I	MEDICAL STAP	F IAN 🗌	14/	15/82	2
		22d PHYSICIAN'S NA Dr. Qamar		V			Memorial Cumberlan	Hosp d, M	ital Medi Maryland	cal Bu 21502	iilding	g .	
		BURIAL, CREMATION,	REMOVAL	23b. DATE 11-17			METERY OR CREMATO		23d LOCATION Flintst	one Al	ledany	MD STATE	
	24 51	INTERAL DIRECTOR							O CAN III A YOUR				

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corbon-position with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal



	FOR
-	STATE
	DECICTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

day	2	8	4	5	

4	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
ł	1. DECEASED NAME	FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
ı	(TYPE OR PRINT)	TH M	AY SWI	CK	NOVEMBER 16, 1	L984	4:46	A M	
ì	3. SEX	4 RACE	5. DATE C	pt	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2		
ı	Female	White	. Sep	t. 21, 1914	70 YE		HOURS	M IN.	
1	TO BIRTHPLACE (STATE OR FO		WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COU				
7	WEST Virginia	u.s.A			Allegan	1		MD.	
	10 CITY OR TOWN OF DEAT	H 11. NAME OF	HOSPITAL, NURSING HOME (ICH FACILITY, GIVE STREET ADDRESS)		THER INSTITUTION 126 USUAL OCCUPATION 126 KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR				
4		IG HOME OR OTHER INSTITUTION	I. HOSPITAL & M						
	Maryland	ALlegany	Cumberland		13e STREET ADDRESS / ZIP C Lions Manor	9.H. / 21	502		
1	14 FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	NE MIDDLE	IAS	1		
	Seymour	Α.	Zirk	Della	Lee	Whet			
	160 WAS DECEASED EVER II	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT		00 Louisi		lue.	
١	No		220-38-0423	Richard Swick	c Ci	umberland			
ı	PART I. DEATH WA	AS CAUSED BY	er line 10 (b) and ici P	YAGTAR	INSUFF	FIL NETWENC	MATE INTERVONSET AND L	DEATH OL	
1		MMEDIATE CAUSE (a)	120011	41101	/	- / /	20/00		
ı	Canditions, if any,	DUE TO, C	OR AS A CONSEQUENCE OF	c BRO	MCHITIS	4			
ı	gove rise to imme	ediate	OR AS A CONSEQUENCE OF	/ 0 -	1				
1	underlying cause	lost (c)	MAPI	1 58171	7				
		IFICANT CONDITIONS	ONTRIBUTING TO DEATH I	NOT RELATED TO THE TERMI	nal disease or condition	GIVEN IN PART 110	3		
╛	<u> </u>		277						
)	19a. DATE OF OPERATI	ION 196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CE		WERE FINDINGS USED ING CAUSES OF DEATH?		
Ц	III L	TANKS OF THE STATE OF	OF INJURY	121. HOW BUILDY OCCUPA	YES NO	YES [NO [
1	OR CONTRIBUTION OF	110110 1	A.M. MONTH DAY YEAR	ZIE HOW INJURY OCCURRE	ED CENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
	(IF EITHER NOTIFY MEDIC) 21d INJURY OCCURRI		OF INJURY	211 LOCATION					
ĺ			TREET FACTORY OFFICE FARM ETC.)	STREET	CITY OR TOWN	COUNTY	51	TATE	
	AT THE REAL PROPERTY.	this haspital attended	ha danned from 17	TILLY 994	1 Novit	94	1	.a.) Imah	
	saw : Wildecome	Action	15 19894 .	nd that ip (my) (our) opinian d	leath occurred an the date and	hour and Iram the	couses sta	ted	
	obove () (we) (di	dy did not view the load	y after death	DEGREE		22c DATE	SIGNED	,	
	- An	-m	1 Lune	MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/1	6/8	34	
	124 PHYS CIAN'S HA	ME (TYPE OR PRINT)		MEMOREAL HOSP	PITAL MEDICAL	BUILDING	1		
	DR. JAMES	RAVER		CUMBERLAND, M	MARYLAND 215	502			
	230 BURIAL, CREMATION, R	REMOVAL 236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		ATE	
	(SPECIFY)	11 10	CA Cument	Mamarial Darb	Cumberland-A	PRODANU (O-Md		

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

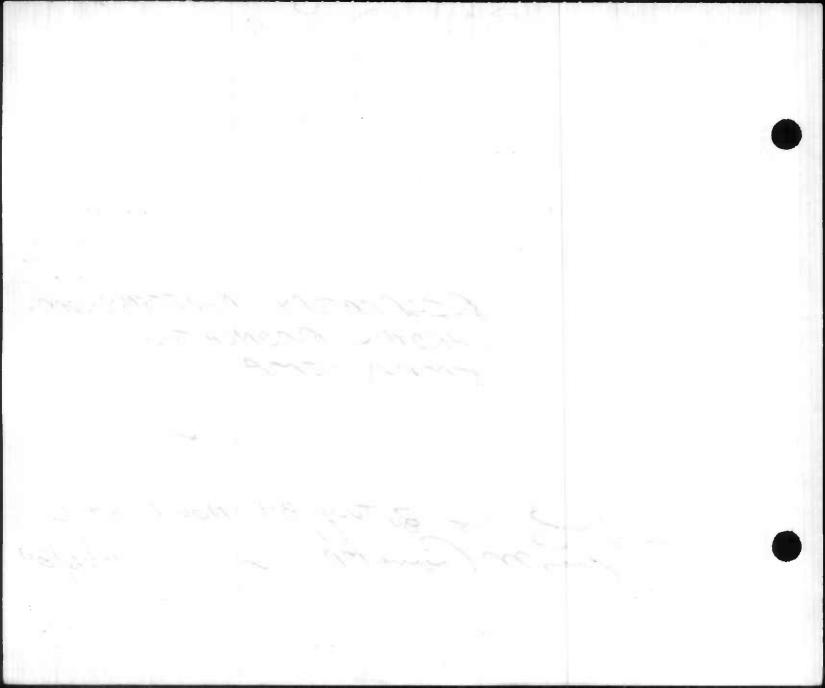
IMPORTANT: If Item 21 is should be detached to with the State Dept of

(VRA 15, 4)

Burial 11-18-84 Sunset Memorial
PA FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

202 Greene Street-Cumberland, Maryland 21502

250 DATE REC'D. BY REGISTRAN 250 REGISTRANS SIGNATURAL PLANTS OF THE PARTY SIGNATURAL PROPERTY SIGNATURA PROPERTY SIGNATURA PROPERTY SIGNATURA PROPERTY SIGNATURA PROPERTY SIGNATURAL PR



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	3 SEX	(4.	RACE		5. DATE O		6
4.4		male		white	2	MONTH 02	2-01-1908 YEAR	
35	7a Bl	RTHPLACE (STATE OR FOREK	GN 7b	CITIZEN OF	WHAT COUN	TRY? & MARRIEI WIDOWE	DI DIVORCED	9
in	10 CI	TY OR TOWN OF DEATH	11		HOSPITAL, NE		OR OTHER INSTITUTION	1
10		Cumberland		Memor	cial Ho	spital		
13	13a S	AL RESIDENCE (# NURSING H TATE 13b	COUNTY		13c CITY OR		13d. INSIDE CITY LIMITS?	113
1	14 FA	THER'S NAME WILLIAM	R. MID	Thomas	LAST		is mother's maiden na First Nancy	
		VAS DECEASED EVER IN U		D FORCES?	166 SOCIAL	SECURITY NO	17 INFORMANT	
/ L	- 1	no no ok unknown	TES, GIVE W	AR OR DATES]	214-05	-7696	Thelma Th	101
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		gove rise to immedia couse (a), stating		DUE TO, OI	R AS A CONS	1		
nlury, or	NO	PART 2 OTHER SIGNIFIC	ANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NIN
9	CERTIFICATION	190 DATE OF OPERATION	1	196 CONDI	ITION FOR WI	HICH OPERATION	N WAS PERFORMED	
9		21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	E OF DEATH	216 TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	REC
4	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (FREE FARM ETC)	211 LOCATION STREET	
		22a 1 certify that (I) (this		ottended th	e deceased fr			
Item 21		sow the deceased of	did not) v	inw the body	after death.		d that in (my) (our) opinion	dec
		H Me	er	1.		[DEGREE ATTENDING PHYSICIAN [
MPORTANT		124 PHYSICIAN'S NAME		evt)			22e ADDRESS Memor	
		Dr. R. Barr	rera				Cumb	er
1	23e. B	URIAL, CREMATION, REM	OVAL	23b. DATE			EMETERY OR CREMATORY	
_	,	Burial		11-]	18-84	Sunset	t Memorial Pa	irk

Scarpelli

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

- STATE

REGISTRAR

DEPARTM	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IEND A	2 8	9 5	4
	1	TAST		MONTH DA	Y YEAR	26 HOUR 5: 25
KER	T	HOMAS	November 1	5. 1984	4	p. M
	5. DATE C		6 AGE LIN YEARS LAST BIR	THDAY) IF	UNDER LYEAR	IF UNDER 24 HRS
	MONTE	2-01-1908 YEAR	76	YRS	NTHS DAYS	HOURS MIN.
OUNTRY?	8 MADDIC	D NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	
	WIDOW		Allegan	37		MD.
L, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
GIVE STREET			TYPE OF WORK FOR MOST O		INDUSTRY	
Hosp:			retired head	chef	Hote:	
Y OR TOWI		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
umber		YES NO			isett	Ave/21502
		15 MOTHER'S MAIDEN NA		-accaci ii	30000	7140721202
LAST		FIRST	MIDDLE		1.45	T
Civi cecili		Nancy	B. Workman			
CIAL SECUI	RITTNO	17 INFORMANT	ADDRI	233		
-05-76	596	Thelma Th	omas, Cumbe	rland,	MD -	wife
(b), onc	dieni , °	- 4			BETWEEN	MATE INTERVAL
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TING TO D	FATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CON	DITION GIVEN	JIN PART LIZ	
R WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN	
			YES TO NOT	YES	NG CAUSES	OF DEATH?
Υ		21c HOW INJURY OCCURE			L L OR PART 21	
NTH DA	Y YEAR	l de la decomp	Contract Or 1910			
	19					
RY		211 LOCATION				

CITY OF TOWN

19_____ that (I) (we) lost

oth occurred on the date and hour and from the causes stated 22c DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN

al Hospital Medical Building rland, MD 21502

73d LOCATION Sunset Memorial Park

Cumberland Allegany MD STATE

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



O HOSP eformed I TO FUNE should be	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 habits after death, retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending jabracent and composed filter in by the filters should be detached for use as the busicl-stons to permit. Then please remove contemporate Pages Land 2 thould be filted within 72 having the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remained.	IMPORTANT: If Hem 21 is marked or Hers 18 shows ony injury, or other troumotic sent the medical scan versum be marked or over
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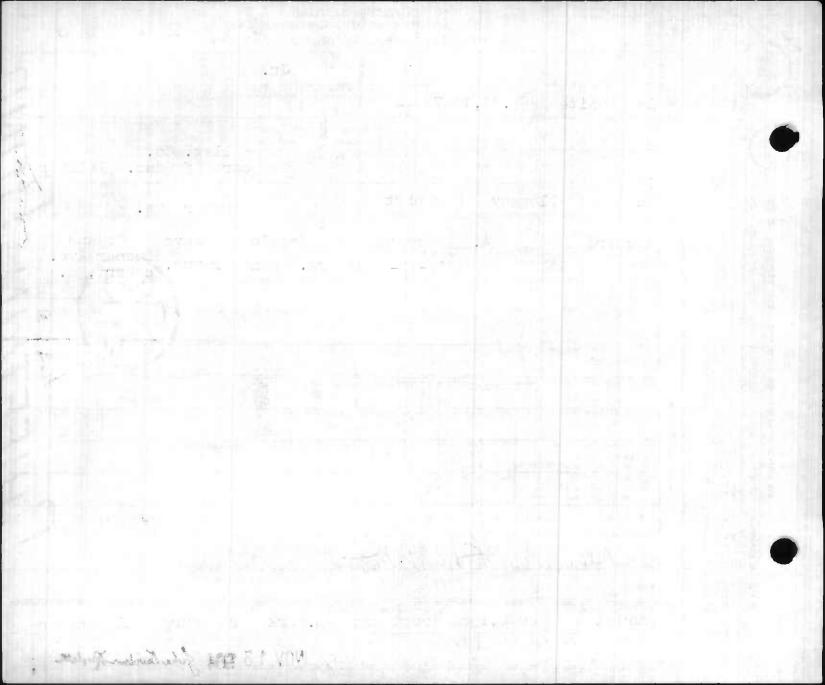
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P		EASED NAME FIRST OR PRINT)		WIDDLE		AST	REG. NO.	DAY YEAR	26 HOUR
- D		JAME	S LE	0 7	OLE			984	8:55 A
	3. SE)		4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
900		Male	White	Ligier		l 16, 1916	68 YRS		
1 12 35	(RTHPLACE (STATE OR FOREIGN OUNTRY) Maruland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D W NEVER MARRIED DIVORCED D	P BALTIMORE CITY OR COUN ALLEGANY COUN		MD.
62	10. CI	Cumberland	LIF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET LED HEART	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sleh-employed	LIFE) INDUSTRY	ry Store
4 40/	USU/	L RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				rig Storie
The same of		100 0	legany	Cumberla		13d INSIDE CITY LIMITS? YES [NO] 15. MOTHER'S MAIDEN NAM		reet / 2	1502
1 15 1/	I4_FA	FIRST	WIDDLE	LAST		FIRST	WIDDLE	LAST	t
1 10/1		George	R.	Tole	DITU LIG	Cecelia	M. ADDRESS	Lit	zman
Pages /		AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN)	GIVE WAR OR DATES)	214-07-4		Martha E. Tol	e-Address same	as #13 a	bove
equires that the deat in signed by the atter Then please remove c r to burial, cremation, injury, or ather traum	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (
The low ricion. It has been ast permit. If you have any shows ony shows ony	CERTIFICATION	198 DATE OF OPERATION	196. COND	OTTION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	
ICIAN: 1 g physic errificate iol-trans ntal Hyg err 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM)	18 PART 1 OR PART 2)	
G PHYS offendin	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR FOWN	COUNTY	STATE
TENDIN sital or TOR: Afi or use o of Health		22s.l certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di-		19	540	hd that in (my) (our) opinion o	, to	- 1	that (I) (we) last
HOSPITAL OR AN Index by the hosp index by the hosp wild be detoched if the Stole Dept. (ORTANT: # hem.)		22b SIGNATURE 22d. PHYSICIAN'S NAME 1	DX	e univer death		ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF	22c DATE	SIGNED EX
TO HOSPITA retained by to FUNERAl should be de with the Stat IMPORTANT.		Wayne Sp	iggle, M.				TON DRIVE, CUME	BERLAND, M	D 21502
BP	1	urial, cremation, remo Burial	11/6/	184 SS.	Pet	emetery or crematory er & Paul Cem.			
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FL	INERAL DIRECTOR GEO 202 Greene Sa		ADDRESS		.53.3.2	REC'D. BY REGISTRAR 256. BEG	a Davidson	Pandall.

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07/84 25M

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4.

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST		MIDOLE	-	AST			AY YEAR	2h_HOUR
11111	Contenting .	SARAI	H I	EMILY	UH	L	NC	V. 26	.1984	2:30 M
1. 5E	×		4. RACE		5. DATE O		& AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE		WHI	NS:	11	/7/10	74	YRS.	UNINS UMIS	NOUKS MIN
	IRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D A NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	77 785
	MARYLAN	D	U.S.	Α.	WIDOWE	_	ATIT	GANY		MD.
10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
MT	. SAVAG		106	FOUNDRY	ROW		HOUSEWIF		0.0.00	HOME
M.	AL RESIDENCE (F) STATE ARYLAND	13b COUL	COTHER INSTITUTION	13,21175415W	AGE	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	INDRY	ROW	21545
14.77	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	GEORG	E	MIDDLE	SKIDMOR	E	MARTHA	MIDDLE		WILLI	AMS
	WAS DECEASED ET		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	MT. ASP	FWAGE.	MD.2	7545
	NO	N.		217-14-	4557	MR. REAFOR	D UHL, 106	FOUN	DRY R	.WO.
	18 CAUSE OF DI PART I. DE AT	H WAS CAUSE	nly one cause pe D BY: TE CAUSE (a)	r line for (a), (b), and	d (c).)	unema	molo	acio	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
N		immediate lating the ause last.	(b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 16	0,
CERTIFICATION	PAJE OF OPE	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS L			
TER	1/195	1981	15		0		YES NO YES NO NO			
	OR CONTRIBUTING CAUSE OF DEATH HOUR						RED (ENTER NATURE OF INJURY IN ITEM 18, PAR		RT 1 OR PART 2)	
MEDICAL			OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	711 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	270. I certify that (I) (this hospital) attended the deceased from form the deceased alive on the deceased ali									
	276. SIGNATURE	eff	1874	Stene	le,	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		226. DATE	10084
	F. W.		ENBERGE	R, M.D.	1	122 S. CEN	TRE ST., C	UMBER	LAND,	MD.

DHMH-16 60M 1773

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Health MPORTANT, If hem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN. The

(VRA 15(4))

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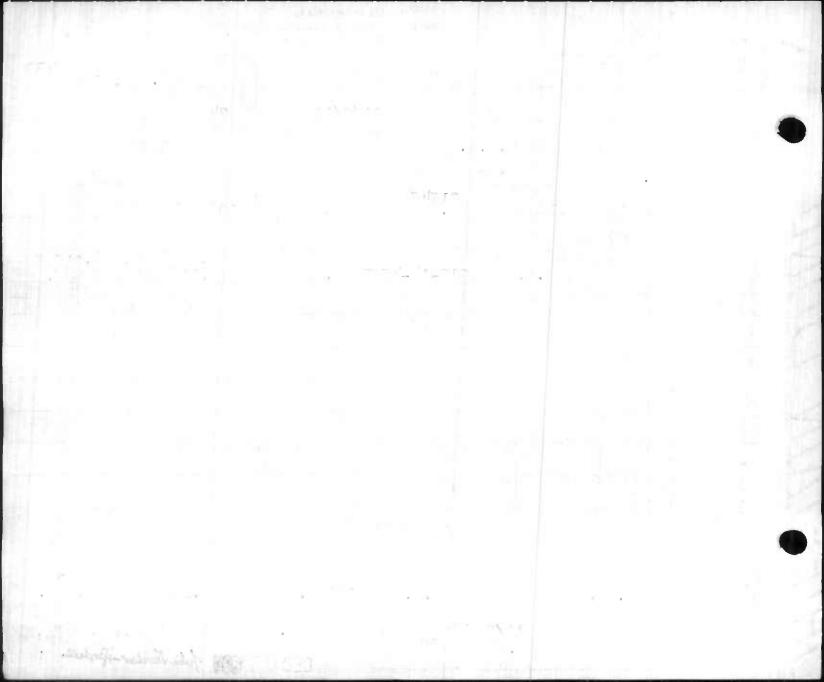
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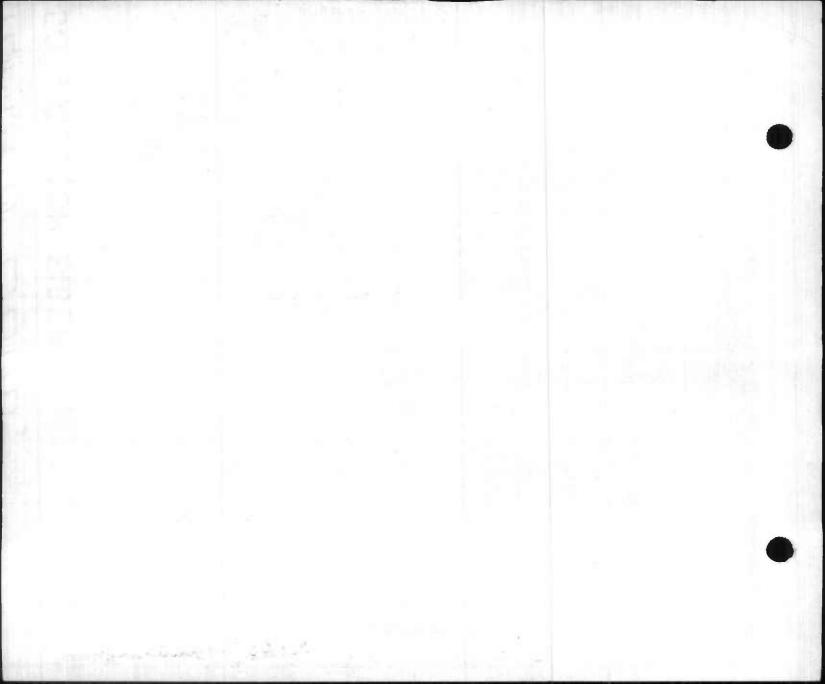
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	lı	FOR - STATE REGISTRAR			EPARTMENT OF	HEALT	MARYLAND H AND MENTAL H CERTIFICATE O	4.	2 8 REG. NO.	y 5	8
(p)		DECEASED NA/		- Managara	WIDDIE		LAST	20 DATE OF	ESTI-	MONTH DAY	YEAR 25 204
3038 E	2 9	EX	11.V11	E. Wagor	16. AGE (IN YE	FARS IF II	NDER 1 YR. TIF UNDER		MATED [11-12 10	
725 ST ST ST ST ST ST ST ST ST ST ST ST ST		ale	white	04-11-1	YEAR LAST BIRTHO			24 HRS. 2c. DATE MIN PRONOUN DEAD	NCED	11 12	9 84 12°4
MITHIN WITHIN	5	BIRTHPLACE FOREIGN COUNTRY WV		76. CITIZEN OF WH.	AT COUNTRY?		RIED NEVER MARRI	ED L	Allegan	COUNTY OF DE	
PAGE 5	710	Cumber.		IT. NAME OF HOSP (16 NOT IN SUCH FACE Sacred	PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) Heart Hos	e, or or pital	HER INSTITUTION	120 USUAL OCCU FOR MOST OF WOR	PATION (TYPE O	EWORK 12b. KINE	O OF BUSINESS
ANY DE ANN DE COULD PROCESSES DE	136	UAL RESIDENC STATE WV	E (IF IN NU	OTHER INSTITUTION, GIVE	Ft. Ashb	ION)		13e STREET ADDRE	ESS	99	7999
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ALTIMON NE PAGE NGES-LA ISION O	3	WAS DECEAS (YES, NO, OR UNK)	ED EVER IN U.S. ARM		217-10-59		17 INFORMANT	avid Wago	ADDRESS	. Ashby,	WV-son
HOURS WIR G WG WIT RMIL PI NE DIV		18 CAUSE PARTIC	OF DEATH (Enter only	one cause per line f BY: E CAUSE (o)	for (o), (b), ond (c).)	rcin	oma of lung			APPE	ROXIMATE INTERVAL EN ONSET AND DEATH
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OF VI ATE SI THE CO THE CO THE CO THE CO TO BE TO BE	3	2Ta. EXTERN UNDERLYIN CONTRIBU	IAL CAUSE WAS		INJURY MONTH DAY YEA	R 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PAR		s U NOM
DIVISION THIS CERTIFIC TENENARED TO OR: PAGE SHOU OR: PAGE SHO	2	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		FINJURY (AT HOME, DRY, FARM, ETC.)		DCATION STREET	CITY OR TO	wn	COUNTY	STATE
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TO MEDIC EXECUTE TI PAGE 4 SH TO FUNER AFTER DEA BAJJIMOR	2	EXAMINER'	SNAME Giova	nni Mastr	angelo, M.	D.	ADDRESS Seton	n Drive,	Cumberl	and, MD	
PACE SECTION OF THE S	23	Burial, CREM Burial	ATION, REMOVAL 23	b. DATE 11–15–84	23c NAME OF CE Fort A		Cemetery	232 LOCATION CHYORTOWN Fort As	hby Mi	county neral WV	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24	FUNERAL DIRE		li, Cumbe	rland, MD :	21502	196/ 3 Mr. 42	EC'D. BY REGISTRA		RAR'S SIGNATUI	₹E



STATE OF MARYLAND

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١	3. SEX			4 RACE		5. DATE C		6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER TYEAR	
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	130. S1 Mar	yland	13b. COUN Alleg	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumberl	N	136 INSIDE CITY LIMITS?	Route	ADDRESS / ZIP COL		31-252
1	14 FA1	THER'S NAME FIRST		WIDDIE	LAST		IS MOTHER'S MAIDEN NA		MIDDIE	t A	51
4				Leo Walker				Troupe	ADDRESS	0	
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ı		no			214-07-	L4/0	Raymond Wall	ker, Me	xico Farms		rland. Md.
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Memorial Ave.

Davis Mem. Cem etery

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He IMPORTANT: If He

and Mental Hygiene prior ta burnal, ci

24 FUNERAL DIRECTOR AAME James F. Scarpelli, Cumberland, Md.

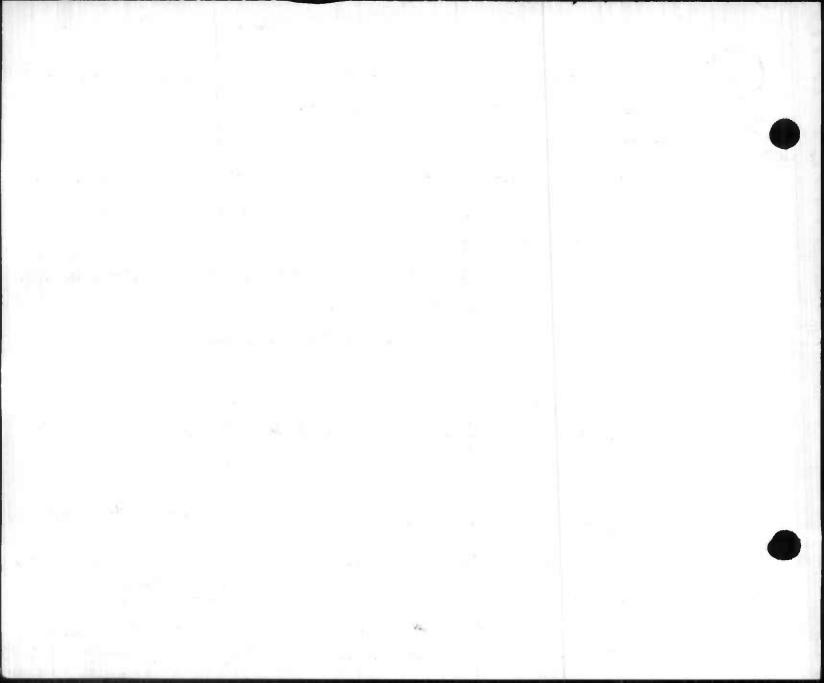
11-25-1984

Dr. Philip Schroeder

230 BURIAL, CREMATION, REMOVAL (SPECBY)
Burial

Cumberland, Md. 21
23d LOCATION
CHYORIOWN COUNTY
Cumberland, Alleg

(VRA 15, 4)



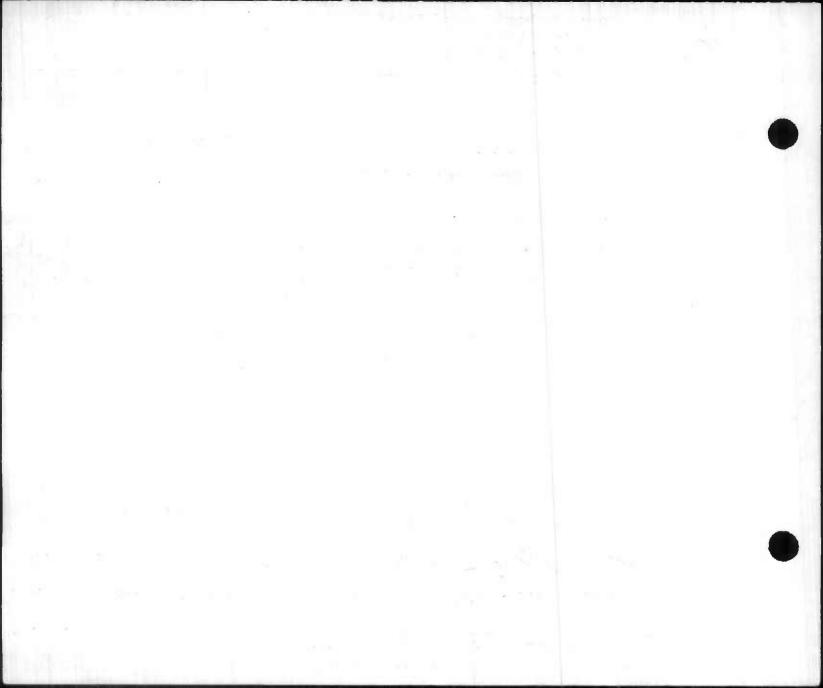
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DHMH - 16 50M 4/83 (VRA 15, 4)

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12	160 WAS DECEASE		MED FORCES? VE WAR OR DATES)	214-07		17 INFORMANT	(.)	ADDR	70.	17 Flagg	
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	W
IO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be executed by the haspital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

1	1	FOR NEWMAN	FUNER	AL HOME	DEF	STATE PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	JENE -	2 8 9	6	2
	-	REGISTRAR BU	X 20/	GRANISV	ILLE,	· CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST	٨	AIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(1112	OK PRIME!	WOODR	OW W	VILSON	WELI	LER	NOVEMBER 3	0,1984		7:02 PM
	3. SEX	(4	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	MONTH	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Ma.	le		White	e	Nov.	00 1010	72	YRS.		
3	70. BIF	RTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COU	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY		EATH	
>	Per	nnsylvania			SA	WIDOWE	D DIVORCED	ALLEGANY C			MD.
2		mberland	ATH 1			OURSING HOME CONTROL OF STREET ADDRESS)	TTAL	(TYPE OF WORK FOR MOST (Rural Mai)	OF WORKING LIFE) IN	DUSTRY	Service Postal
	130 S	AL RESIDENCE (# NUR TATE ryland	SING HOME OF COUNT	TY	13c CITY OF		134 INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS 133 Grant	/ ZIP CODE		536
6	14. FA	THER'S NAME Foster	M	O.	WeÎ	ler	Is MOTHER'S MAIDEN NA	WIDDIE		eim 1A5	
	16a V	VAS DECEASED EVER VES NO OR LINKNOWN) Yes	CEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.			Alma M. Well		fit St., ville, M	21	87 536	
		Canditions, if any gove rise to im couse (a), stati underlying couse	IMMEDIATE r, which mediate ng the	DUE TO, OI	R AS A CON	SEQUENCE OF	esso L secouni	B			Yes Yes
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								PART 1	0
-	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR V	VHICH OPERATIO	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A	M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	DRY IN ITEM 18 PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCUR		21e. PLACE ((AT HOME, STR		OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO) NWC	OUNTY	STATE
		226. I certify that (I) (this hospital) attended the deceased from NOV 19 19 19 10 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19									
-	1	22d. PHYSICIAN'S N	AME ITYPE OF	PRINT	_		22e ADDRESS	DIRECTOR PHYSI	CIAN	17	107
	\$		11111111	NEK, M.	o		912 SETON D		RLAND, ME	21	502
		URIAL, CREMATION	, REMOVAL	23b. DATE		230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	co	UNTY	STATE
	1	Burial		Dec.3.	1984	Grantsv	ille Cemetery	Grantsvil	lle, Gari	cett.	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows only injury, or other troumotic event, the medical experience.

A Lynn Herman 155 Main St. Grantsville, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OF SERVICE STREET, DECIDE PROBRESON

SECTION OF THE PROPERTY OF THE

the fire the control of the

	1 -	SCARPELLI FU FOR 108 VIRGINIA STATE REGISTRAR CUMBERLA	AVE., DEPARTA	ENT OF H	E OF MARYLAND TEALTH AND MENTAL HYG TCATE OF DEATH	SERE COLUMN 2 8 9	6 3	
		CEASED NAME FIRST	MIDDLE		IAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR	
2 B 2 1	(TYPE	OR PRINTI ELOISE	MAE	WIL	EY	NOVEMBER 4. 1984	6:23 M	
ge 4 m	3. SE	female	4. RACE White	5. DATE O	5 BIRTH 125-17927	6. AGE IN YEARS LAST BIRTHDAY) IF UN MONTH	DER TYEAR IF UNDER 24 HRS.	
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF I		
s offer d	1	TY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SACRED HEART I	(DDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE)	NO KIND OF BUSINESS OR NOUSTRY OWN home	
filled in		STATE 13b COUN	other institution give residence before NTY 13t. CITY OR TOWN			13e STREET ADDRESS / ZIP CODE 18 Parkside Blvd/21502		
impletely ond 2 s	14 FA	THER'S NAME John E. Bov	VIES LAST		is mother's maiden nad		1AS1	
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 212-24-0		Randy J. Wiley,	Leslie D. Burgess - sor		
certificate ling physicic irbon paper: or remavol.			D BY: TE CAUSE (o)		emornate	Osis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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equires 1 n signed Then ple r to burio	NO	PART 2 OTHER SIGNIFICANT	NINAL DISEASE OR CONDITION GIVEN II	PART Ito				
he low ron. has been the permit. I have been the permit. I have been the permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIC	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WE IN CERTIFYING YES NO YES T	RE FINDINGS USED G CAUSES OF DEATH? NO [
ICIAN: T g physici errificate ial-tronsi ntol Hygi fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IS PART I	ORPART?)	
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TTENDIN pital or TOR: Af far use o of Health		sow the deceased alive on	ital) attended the deceased from	2.0	nd that in (my) (our) apinion	deoth occurred on the date and hour and	, that (I) (we) last	
AL OR A the hos AL DIREC detached ste Dept. T: If Item		226 SIGNATURE	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED				
TO HOSPIT. TO FUNER should be dwith the Sto		224 PHYSICIAN'S NAME THE	SE PRINCI		BMG 912 SE	ETON DRIVE. CUMBERL	AND.MD 21502	
P	23a E	Burial, CREMATION, REMOVAL			EMETERY OR CREMATORY Memorial Gar	23d LOCATION CITY OR TOWN CO	STATE VIOLE	
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR NAME James F. Scarr	ADDRESS Delli Cumberland	L_MD	21502 NOV (REC'D BY REGISTRAR 256 II STRAR	S SIGNATURE	

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ul, cremotion, or removal.

STATE OF MARYLAND

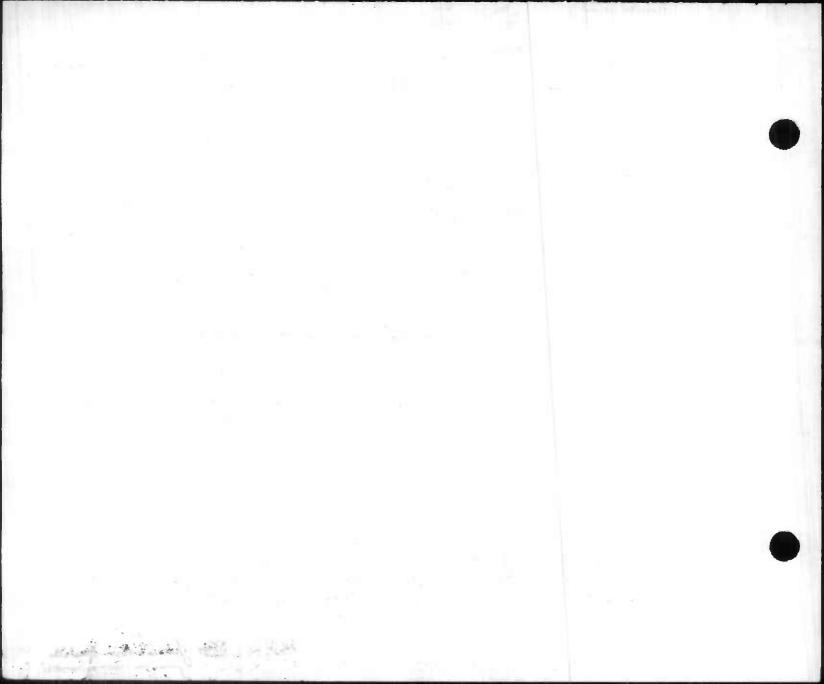
	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL I FICATE OF DEATH		G. NO.	, 0	
		CEASED NAME FIRST OR PRINT)	MIDDLE	1771 00	LAST	20 DATE OF DEA		DAY YEAR	12:45P
-1	3. SEX	DAISY	BELLE 14 RACE	WILSO	OF BIRTH	NOVEMBE	AST BIRTHDAY)	FUNDER I YEAR	R IF UNDER 24 HRS.
1	3. 3EA	female	white	MON		85	YRS.	MONTHS DAYS	HOURS MIN.
	7a BIF	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	MARR	ED NEVER MARRIED	9 BALTIMORE C	_		
		TY OR TOWN OF DEATH		WIDOW	OR OTHER INSTITUTION	120 USUAL OCC	gany Co.		OF BUSINESS OR
1	CUN	MBERLAND	MEMORIAL	TY, GIVE STREET ADDRESS) HOSPITAL &	MEDICAL CEN	TYPE OF WORK FOR		INDUSTRY	
)	U5UA 13a. S	LE RESIDENCE (IF NURSING HOME OF TATE ALL	NTY 136 C	sidence before admission try or town Cumberland	136 INSIDE CITY LIMITS	13e STREET ADDI	RESS / ZIP COD	1502	
7	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN		ODIF		AST
		Charles F	P. Rudy		Mar	y Elizabeth	n Hutchi		
		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) {IF YES, G	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT		ADDRESS		
		no	21	3-74-1293	Mrs. Norma	a Minnigh -	- Cumber		MD-daughte
-	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT UNIVERSAL OF THE CONTROL OF THE CO	ONDITIONS CONTRIB	TOO WHICH OPERATE	ON WAS PERFORMED	VES NO	condition GI	ES. WEITE FIND IFYING CAUSE IES []	elites.
	MEDICAL CE	21s. ACCREMY WAS LINCOMPRISHED ON CONCENTRATION OF CAUSE OF DISTRICT AND AND AND AND AND AND AND AND AND AND	# HOUR A.M. N P.M. 21e PLACE OF INJ [A1+Cost 1/1821] fac	URY TORTOTTEL FARM TICE	TH LOCATION (P	ion death occurred an	the date and ho	comen	that (II (we) but the couses stated E SIGNED
*		DR. R. BARRERA	CHI PRINTING	1 Bun	,	N DIRECTOR P	EDICAL I	BUILDIN 1502	G
	13	urial, cremation, remova Secesy Burial Ineral director Name James F. Scarp	11-16-84	Sunset	Memorial Par	ck Cumbe	NWN	llegany	
- 1							-	-	

DHMH - 16 50M 4/83 (VRA 15, 4)

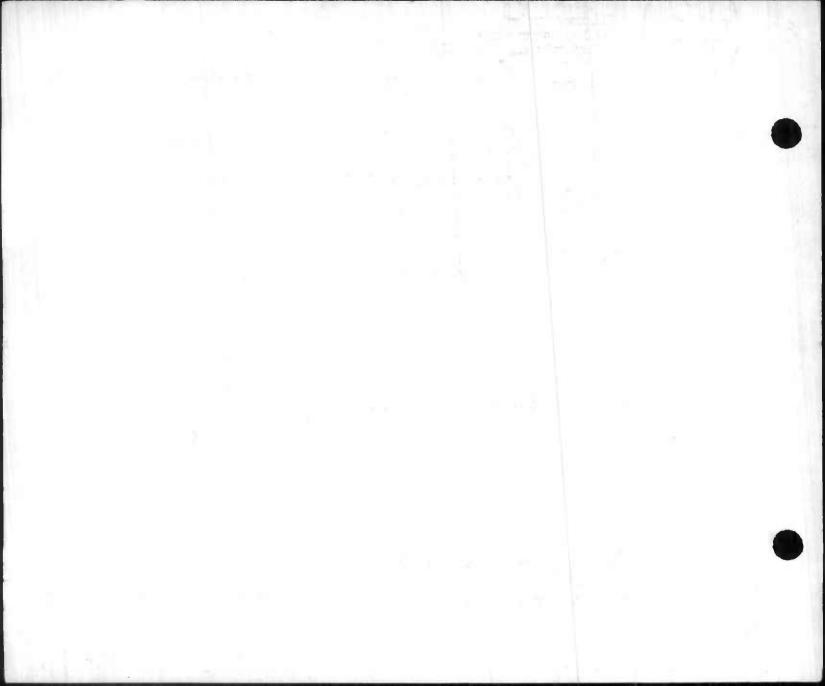
Should be detoched for it etained by the hospital

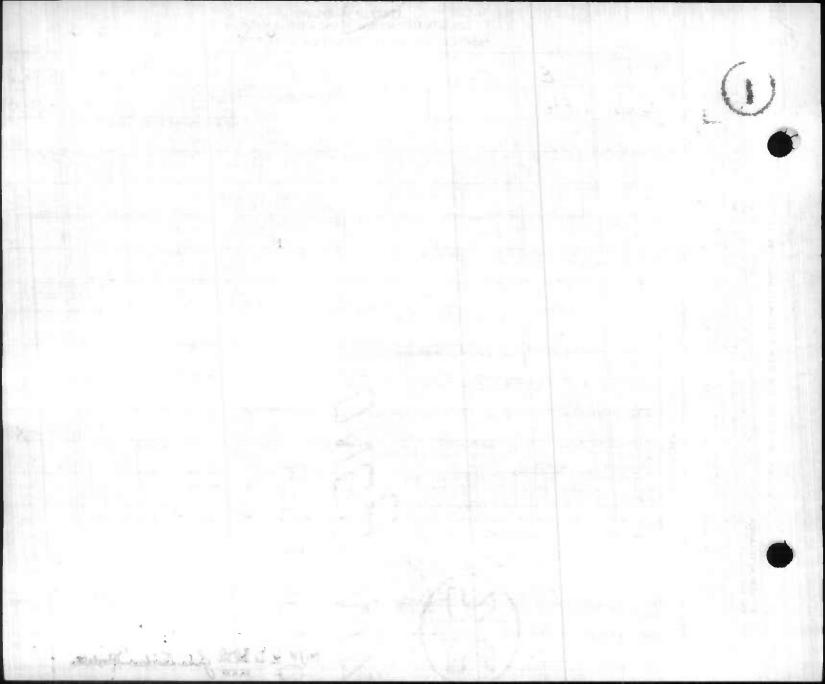
TO HOSPITAL

IMPORTANT: If Hem 21 in



1		FOR Silcox-Me STATE 404 Deca REGISTRAR Cumberl	tur Str	eet DEPARTA	CERTIFIE	CATE OF	MENTAL HYE		EG. NO.	8 y	ó	\$
B.)	TYPE	CEASED NAME FIRST OR PRINT)		NMT	Wilso	n		Novemb	er 4,	1984	DER TYEAR	26. HOUR 04:27A M # UNDER 24 HRS
oge 4 rector. urs offii	3 SE	Female	4 RACE Whit		S. DATE OF		1969		74	YRS MONTH	DAYS	HOURS MIN.
funeral du thin 72 ha		RTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia		WHAT COUNTRY? S.A.	MARRIED WIDOWED		MARRIED	9 BALTIMORE (city <u>or</u> co legany		EATH	ME
by the furth	/	ty or town of DEATH Cumberland	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET red Heart	ADDRESS)		STITUTION	120 USUAL OCC (1YPE OF WORK FOR Housek	MOST OF WOR	KING LIFE) IN	b. KIND C DUSTRY	OF BUSINESS OR
filled in bould be	130 3	AL RESIDENCE (IF NURSING HOME) OF TATE 134 OUT	ROTHER INSTITUTION	130. CITY OR TOW Clearvi	ADMISSION)		CITY LIMITS?	130.STREET ADD BOX 137	RESS / ZIP	CODE	99	999
and 2 sh	14. FA	THER'S NAME Edward	MIDDLE	Rain		15 MOTHER	Cena		DDLE		17	ionpson
Poges 1	16a. V	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		Mrs.	Doris D		ADDRES RI Clear		Box 1	
icion. The hos been signed by the ottending sit permit. Then please remove corb grene prior to buriol, cremation, or stows ony injury, or other troumatic.	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, CONDITIONS C	OR AS A CONSEQUE	DEATH BUT N	2 1	Imest	INAL DISEASE OF	2 20b.	IF YES, WEI	RE FINDI	
haviol-transi Mental Hyg or Item 18 st	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOTIFY INTERPRETATION OF THE AT WORK AT WORK AT WORK	R) HOUR A		19	21c. HOW I	ION	RED (ENTER NATURE	OF INJURY IN IT	EM 18 PART 1 C	ORPART 2)	STATE
ERAL DIRECTOR: After a detached for use os State Dept. of Health		22e.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	,	19		I that in (my EGREE 22e ADDRE	ATTENDING PHYSICIAN	medical	STAFF		fram the	
TO FUN TO FUN Should b		Dr George F BURIAL, CREMATION, REMOVAI SPECIFY) BUTIAL	236. DATE		NAME OF CE	METERY OR	CREMATORY	eton Dr. 234. LOCATIO CITY OF TO CUMBE	N OWN	COU	INTY	Maryland
H - 16 50M 4/83 (VRA 15, 4)	24 FI Si	INERAL DIRECTOR LOOX-Merritt Fi						E REC'D. BY REGI				





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed an interpretable death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complementing by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages? and a native within 72 hours after death	
with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.	
IMPORTANT: If Item 21 is marked or Item 18 share an injury, or other troumotic event, the medical adominic must be notified above.	6
The same of the sa	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.											
		CEASED NAME	FIRST	-	MIDDLE	L/	NST .	2e. DATE OF	DEATH MONTH					
	{TYPE	ORPRINT	Mary		E	Zar	rger	11/	15/84		5:10a	M		
	3. SE)	X		4 RACE	.1	5. DATE O		6. AGE (INY	EARS LAST BIRTHDAY)	MONTHS DAYS		_		
1		female		whit	te	MONTH Q/	18/ 95	39	YRS		HOURS	M IN.		
	7a. Bli	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRIED	O BASTIMO	RE CITY OR COUN	TY OF DEATH				
1	V	RTHPLACE (STATE		U.S.	A .	WIDOWE			legany Co		4. 1	MD.		
1	10 CI	ITY OR TOWN OF [DEATH		HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL	OCCUPATION K FOR MOST OF WORKING		OF BUSINESS	OR		
	Fro		MD	Frost	tburg Co	mmunit	v Hospital		memaker	Own	Home			
2		AL RESIDENCE (IFN	13b. COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS	? 13e STREET	ADDRESS / ZIP CO	DE		130		
1	_	aryland	All	egany	Frost		YES NO	79 1	Frost Vi	llage	21532	>		
7	14 FA	THER'S NAME		MIDDLE	LAST	1000	15. MOTHER'S MAIDEN	NAME	MIDDLE		AST			
		John			Whisne:		Jennie			Long				
1		VAS DECEASED EV		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS					
		No			219 44	1194	Mrs. Mil	dred C	raze, Fr	ostbur		-		
		18 CAUSE OF DEATH (Enter only one couse per line for lo), (b), and (c) PART I, DEATH WAS CAUSED BY												
		IMMEDIATE CAUSE (0)												
		DUE TO, OR AS ACONSEQUENCE OF												
		Conditions, if a		(ib)	Hein	e (rolling	elin	2	1	ray	_		
		gove rise to immediate couse (a), stating the underlying couse (b), stating the underlying couse lost												
				106	orgen	SVL 1	par par	wiec	Unax,	110.				
	Z	PART 2 OTHER'S	IGNIFICANT C	ONDITIONS	and a	1000	NOT RELATED TO THE TI	ERMINAL DISEAS	E OR CONDITION G	SIVEN IN PART	(0)			
-	ATIO	190 DATE OF OPE	RATION	4 M NO	THE WHY		N WAS PERFORMED	20a AUTO	DPSY2 20h IF Y	res, were find	INGS LISED			
	CERTIFICATION			1000000	0		1 The second of the second of		IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{NO} \)					
-	ERT	21a. ACCIDENT WAS	UNDERLYING [21b. TIME O	F INJURY		21c. HOW INJURY OCC		- 6- F					
		OR CONTRIBUTING		in	M. MONTH									
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLA			P.M. 19 1e PLACE OF INJURY 211 LOCATION									
	ME	WHILE NO	WHILE WORK	(AT HOME, ST	REET, FACTORY OFFIC	E, FARM ETC 1	STREET	11	CITY OR TOWN	COUNTY	STAT	1.E		
Н		220.1 certify that (1) (this hospital) attended the deceased from 1994, to 1994, to 1994, that (1) (we) last) last		
		sow the dece	eased alive of	1/0/2/	.194	Let 1	d that in (my) (our) opin	ion death occurre	d on the date and h	our and from th	e causes state	ed .		
		77k SIGNATURE	e) (did) (did no	t) view the body	offer deoth.	1/1	DEGREE			22c DAJ	E SIGNED			
		160	nes	West.	n X	1/1	AD ATTENDING		STAFF PHYSICIAN	160	115,0	94		
-		THYSICIAN'S	NAME ITHO	e eghery			22e ADDRESS	- Director	<u></u>	100		-		
		Dr. C4	Oh				48 Tarn	Terrace	, Frostbu	ra. MD				
-		BURIAL, CREMATIC		236 DATE	23	NAME OF C	EMETERY OR CREMATO	RY 23d LOCA	ATION					
	- ((SPECIFY)	0.7	Now 1	7181, 1	mosth	nage Mem	Park Fr	ostburg	. Marv	land	16		

DHMH - 16 50M 4/83 (VRA 15, 4)

Burlar

24 FUNERAL DIRECTOR

Durst Funeral Home, Frostburg

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MOV 23 884

